

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS

DIVISION

CASE NO. _____

FILED
SEP 28 2006

JAMES W. McCORMACK, CLERK
By: _____ DEP. CLERK

I. Parties

5:06CV00250 SWW/HDY

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff: _____

ADC # _____

Address: HC 62 Box 300 Calico Rock, La 72319

Name of plaintiff: _____

ADC # _____

Address: _____

This case assigned to District Judge
and to Magistrate Judge

Name of plaintiff: _____

ADC # _____

Address: _____

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: _____

Position: _____

Place of employment: _____

Address: _____

Name of defendant: _____

Position: _____

Place of employment: _____

ABC Central Office Jackson, LA
Address: P.O. Box 3704 New Orleans, LA 70111-0704
Name of defendant: Dottie Yearbough / Dr Mohammed Jones
Position: CMS Technology Director / Director of IT Services / University of Louisiana at Lafayette
Place of employment: University of Louisiana at Lafayette
Address: ABC Central Office Jackson, LA
Name of defendant: Sandra S. G. / Dr. S. G.
Position: CEO, ABC / LPM of Jackson, LA
Place of employment: ABC Central Office Jackson, LA
Address: ABC Central Office Jackson, LA

II. Are you suing the defendants in:

- ☐ official capacity only
☐ personal capacity only
☒ both official and personal capacity

III. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No X

- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

- ☐ Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

☐ Court (if federal court, name the district; if state court, name the county): _____

☐ Docket Number: _____

☐ Name of judge to whom case was assigned: _____

☐ Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

☐ Approximate date of filing lawsuit: _____

☐ Approximate date of disposition: _____

IV. Place of present confinement: NCU # 262 Elmwood
Greene, AL 36039-0200

V. At the time of the alleged incident(s), were you:
(check appropriate blank)

_____ in jail and still awaiting trial on pending criminal charges

☒ serving a sentence as a result of a judgment of conviction

_____ in jail for other reasons (e.g., alleged probation violation, etc.)
explain: _____

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

A. Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes ☒ No _____

B. Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

VIII. Relief

Shelton Heights + Mr. Burnett + violate to 931 and
and Florence Nightingale 2003 and for the
police station witness to prove to police along
with Notice to quit to quit of property
to prove property functions

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

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I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this 26 day of September, 2006.

James H. Burnett 92093

Signature(s) of plaintiff(s)

- Clerk's Copy -

IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
LITTLE ROCK, ARKANSAS DIVISION

TOMMY CHRIS HENDERSON

PLAINTIFF

VS.

CMS ET AL., CMS ADMINISTRATOR (AR) GEORGE WILSON,
CMS INFIRM. (SUP) DOTTIE YARBOUGH, SANDRA
STRATTON, RN, HSA OF VARNER UNIT, JOANN BURNETT,
LPN OF VARNER UNIT, LAURA MCCARTY (CMS MED
PROBLEM SOLVER OF VARNER UNIT), DR. ROLAND
ANDERSON M.D. (MEDICAL ADVISOR, MD FOR CMS),
DR. ROBERT SCOTT (CMS DOCTOR OF DERMOTT, TEMP
DR FOR VARNER), *Dr. Robert Scott, M.D.,*

DEFENDANTS

NOTICE OF INTENT TO SUE

Now comes the Plaintiff, Tommy Henderson #93098, pro se. On or about April 15, 2006 or so, the petitioner started filing the ADC informal & grievance procedure to bring all state remedies that not only other complaints to follow, but complaints of the above mentioned CMS employees on their retaliating unprofessional conduct that they even violate the Florence Nightingale Oath, but also the Hippocratic Oath under the State of Arkansas Licensing Board for nurses, and conduct violations of the State of Arkansas Medical Board. Upon my exhibits up to 80 to 90 at this present time, this notice to you, upon this #4th complaint under all state, color of law, civil and constitutional rights that have been violated and will proceed in the foreseeable future all filings necessary to get relief, whether by award of damages, or what court and jury will decide, plus licensing & medical board decisions.

Now the complaint herewith in is the issues at hand that since Aug. 10th, 2006, also after June 2nd 2006, both RN, HSA, and LPN had a personal conspiring plot to have me sent to and away from all my liberty and freedom of getting a spiritual education of the Pals/program.

rehabilitated programs of Varner Unit rehabilitated programs of Vo-Tech, which at the time I was in Vo-Tech in computer repair, also before my amputation food service. Total hrs between the both 200 hrs or so.

#2) From June 2nd, 2006 to Aug. 15th or so where I, the plaintiff was in the Pal faith base program. To which I was kicked out of the program because of the HSA, LPN defendants, Sandra Stratton/Ashcraft, Joann Burnett.

#3) From around Nov. 2005 to Aug. 15th of 2006, I was in the choir program, was a faithful participant in the program.

#4) From around April or May of 2006 was one of the chapel's sound technicians for the chapel, which I was kicked off of the team due to the issue that will be addressed.

#5) From around June 2nd to Aug. 15th or so my art card that I was starting to use, from the units treatment coordinator Ms. Waddy, that I was kicked off of the program due to the issues at hand.

#6) Letters and forwarding complaints to Ms. Wendy Kelly of ADC Central Office of the retaliating issues that both parties and Ms. McCarty knew of the issues and never contacted the CMS odubsmans nor Ms. Dottie Yarbough, or Mr. George Wilson nor Dr. Roland Anderson.

#7) Dr. Robert Scott's erroneous decision of listening to Ms. Stratton's plea to get me out of a wheel chair, forcefully when I believe I was not ready to get out of it, to where crutches was offered but I denied them due to major security problems at Varner of assaults etc., where I did not feel comfortable that taking the crutches could have caused me to be hurt and responsible for the use of them, to where if it was just a few days, it would be okay but my "serious need medically for the wheel chair was very vital to me to stay off of my foot.

#8) Felix Limb & Brace on a recent trip to them at DGU Clinic, even Mr. Felix told

me that in his professional opinion that I needed to be off my foot and in a wheel chair, but the report he taped was for a conference, to Mr. Roland Anderson to where his recommendation for me to be back in a wheel chair, and off my foot was very important of my foot with a fallen arch that it has been fallen since my release to Varner June 2nd 2006. Which Malvern Dr. Jonak, Ms. Dream Reddick Young failed to even review Dr. Felix's recommendations nor called or contacted what I told them what Dr. Felix's recommendations were.

#9) Dr. Felix took my statements of what Ms. Stratton/Ashcraft and Ms. Burnett's conspiracy of retaliating by a witness in the infirmary, clearly overhearing a conversation from Ms. Stratton, Ashcraft & Ms. Burnett's plot to have my 1st disciplinary written on Aug. 10th 2006.

#10) That witness even works at CMS a nurse who will testify in court that Ms. Stratton & Ms. Burnett's plot on Aug. 10th to write me up for 12-1 failure to obey rules and obey staff. To which Dr. Hubbard was addressing a hearing problem that I was having prior sick calls and the Aug. 5th Dr. visit on the 2nd time to diagnose the hearing problem.

#11) My witness statements of witness's, Vicent Valachi and inmate Morris, both diabetics who also will testify in court this issue of not hearing Ms. Burnett call for me.

#12) With the implementing of Diabetics coming in to the infirmary for getting insulin at 3 pm this is the only time that diabetics do this. All other times diabetics get there insulin outside at the pill window, another change by Ms. Stratton/Ashcraft, due to her implementation of charges that had make this entering the infirmary with all the other activities going on, a mad house in the infirmary that it was even hard to hear Ms. Burnett in the first place.

#13) My 2nd disciplinary by Ms. Burnett on Aug. 14, 2006 I was asking her if I could give her a "Christian card" where it was explaining what was going on with me that day and with

my honest to God's plea for compassion and mercy and to ask if she could pull the 1st disciplinary. She took the card, read it later, then showed Ms. Stratton/Ashcraft of what I did by legally asking Ms. Burnett to give her the card to where she took it out of context, even when I placed in the card that what ever she did "I loved her anyway" meaning in Christ not as I had ever desired to have a relationship with this 64 year old woman.

#14) Even my previous times of just trying to encourage Ms. Burnett on two (2) other occasions of where I gave "Christian cards" praying for her, and hang in there that God would help her, and I at least appreciated her in her job and never took those to Ms. Stratton/Ashcraft in the past.

#15) Then Ms. Stratton/Ashcraft having a conversation with Mr. Kim Luckett where two (2) inmates witnessing the fact that Ms. Stratton telling Mr. Luckett to keep me locked up in the hole as me 2nd disciplinary was Class IV 30 days punitive to where I got out in 4 days or less.

#16) Why, the 1st time of Ms. Stratton's threats towards me were on one (1) occasion in June or July that Ms. Stratton saw me and Mr. Vicent Valachi talking quietly about our medical issues, while I was still in a wheel chair prior to her taking it away. Where other 11, or so inmates that are also diabetics witness what Ms. Stratton/Ashcraft pulled me away from Mr. Vicent Valachi, because she knew that he had many issues of CMS and won lawsuits, and to where she knew that with my knowledge of the law, and past issues and grievances that she also knew that I was proceeding to give CMS at Varner notices w/intent to sue, to give CMS at Varner the chance to fix things and did not, they even failed to follow up on reports, request and I even had to remind them of these issues.

#17) Yes, I did say that I wanted Ms. Strattons job to others because of her retaliation, and also her poor professional conduct, towards that Ms. Gordon should be the infirmary

manager.

#18) With violations of my civil, constitutional rights and what evidence, exhibits, and the foreseeable medical expert witness's, and what witness's both state, CMS, inmates of over 200 Varner inmates who I have names and ADC #'s and a log of when, where, how that alone retaliation.

#1) Retaliation – of both nurses, the problem solver knowing the issue and not reporting it, because of acts taken against my grievances in retaliation for exercise of constitutional right state claim under § 1983 and § 1997, of federal case when retaliatory acts do not themselves violate constitutional rights, but state “color of law”, and other claims.

Thomas vs. Hill N.D. Ind. 1997, 963 F.Supp 753

#2) Episodic Act or omission –

Scott vs. Moore C.A.5 (Tex.) 1997, 114 F.3d 51

#3) Cruel and Unusual Punishment –

Hudgins vs. Debruyn, SD. Ind. 1996, 992 F.Supp 114

#4) Negligence:

Hathaway vs. Coughlin, C.A.2 (NY) 1996, 99 F.3d 550

#5) Grievance Procedures: Justice v. Coughlin, N.D. N.Y. 1996, 941 F.Supp 1312

#6) Deliberate indifference: Estate of Cole by Pardue vs. Fromm, C.A.7 (Ind), 117 S.Ct 945, 519 U.S. 1109, 136 L.Ed.2d 834

#7) Threats by officials

Arnold vs. Groose C.A.8 (MO) 1997, 109 F3d 1292

#8) Temporary loss of privileges:

Liberty Interest & Freedom

Warren vs. Irvin WD N.Y 1997, 935 F.Supp 350

#9) False Information

James vs. Robinson E.D VA 1994, 863 F.Supp 275

Affirmed 45 F.3d 426

#10) Conspiracy

Fantasia vs. Kinsella N.D. Ill 1997, 956 F.Supp 1409

#11) Harassment

Ellis vs. Meade D. ME. 1995, 887 F.Supp 324

#12) Cover ups:

Gonsolves vs. City of New Bedford, D. Mass 1996 939 F.Supp 921

#13) Retaliation Against Jail House Lawyer

Tight vs. Wall C.A.5 (LA) 1996, 100 F3d 41.

#14) Malicious treatment

Sappington vs. Virich, E.D. Tex 1994, 868 F.Supp 194

#15) Increase in risk of injury and disease

Hill vs. Marshall, C.A. 6 (Ohio) 1992, 962 F.2d 1209, 113 S.Ct. 2992, [main volume] 509 U.S. 903, 125 L.Ed.2d 687

#16) Retaliatory transfers:

Goff vs. Burton, C.A.8 (Iowa) 1996, 91 F.3d 1188; Pratt vs. Rowland C.A.9 (Cal) 1995, 65 F.3d 802; Talbert vs. Hinkle, E.D. VA 1997, 961 F.Supp 904

#17) Maguire vs. Coughlin, N.D. N.Y. 1995, 901 F.Supp 101

#18) Banks vs. Manroia, N.D. N.Y. 1995, 890 F.Supp 95

#19) Grounds for transfers: not in barrage of grievances

Ward vs. Dyke, C.A. 6 (Mich) 1995, 58 F.3d 271, 116 S.Ct 524, 516 U.S. 991,
133 L.Ed2d 431

#20) Psychological problems

Morstad v. Dept. of Corrections and Rehabilitation C.A. 8 (N.D.) 1998, 147 F.3d
741

#21) Freedom of Speech violations of where Ms. Stratton/Ashcraft threaten me to stop
talking to inmates specially Vicent Valachi, where both of us was violated of this USCA
constitutional right of Amendment #1.

- Burnham vs. Ianni, C.A. 8 (Minn) 1997, 119 F.3d 668
- Qvyjt vs. Lin, N.D. Ill, 1997, 953 F.Supp 244.
- Rodriguez v Phillips, C.A. 2 (N.Y) 1995, 66 F.3d 470

#19) Construction

- Backland vs. Hesson, D. (Minn) 1995, 904 F.Supp, 964, reversed 104 F.3d
1031, 176 F.R.D 316
- Americans with Disability Act:
Barlett vs. New York State Board of Law Examiners S.D. NY. 1997, 920
F.Supp 1094, 119 S.Ct. 2388, 226 F.3d 69

#20) Civil Rights conspiracy provisions

Harrington vs. Lawer, D. N.J. 1995, 888 F.Supp 616, 893 F.Supp 352

#21) Rehabilitation Act of 1973 & Individuals Disability Ed. Act

W.B. vs. Matola C.A.3 (NJ) 1995, 67 F.3d 484

#22) Continuing Violation

Wise vs. New York City Police Dept S.D. N.Y. 1996, 928 F.Supp 355

#23) A centra IV line in my chest from April 20th to Sept. 11, 2006.

Wherefore, what makes the above findings and conclusions with Rule 52 Fed. R. Civ. P. In order to determine of numerous civil & constitutional rights, and laws Rules 58 Fed. R. Civ. P. to enter a judgment for the plaintiff in the sum of "undermine" amount of damages for past, present, foreseeable problems which the plaintiff still has problems of the results of 8 to 9 doctors that have fully negligence, delay of treatment, delay's, deliberate indifference, even the possibility of medical malpractice, ongoing risks of injury and what liberty and freedom to live a normal life, als to be a major also concern that what I use to do skills wise that a whole new career and damages requested for life of this major issue of my foot, ankle, leg, other internal issue that both state, CMS is responsible for.

Respectfully submitted

Tommy Henderson 93098

STATE OF ARKANSAS)
) SS
COUNTY OF _____)

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this _____ day of _____, 2006.

Notary Public

My commission expires: _____

Certificate of Service

I, Tommy Henderson, the Plaintiff herein, do hereby certify that on this 25 day of September 2006 a copy of the foregoing notice was served on the defendants or his attorney, by mailing same with proper postage affixed to defendants or his attorney at:

(1) CMS Central
PO Box 8707
P.O. Box 8707
Greenville, SC 29615
Sumter, SC

(2) CMS Central
PO Box 600
Greenville, SC 29615

Tommy Henderson
~~Defendant~~
Plaintiff

GRIEVANCE FORM - (Attachment 1A)

State medical

FOR OFFICE USE ONLY

#11

Board complaint

UNIT/CENTER NU

Grv. # _____

Date Received _____

Grievance Code: _____

PLEASE PRINT

Name Tommy Henderson ADC# 93098 Brks Isolation Job Assignment _____IS THIS GRIEVANCE A MEDICAL GRIEVANCE? Yes X No _____

All complaints/concerns should first be handled informally before proceeding to the formal grievance procedure.

THE ORIGINAL INFORMAL RESOLUTION FORM SHALL BE ATTACHED

Informal Action Taken

Have you discussed this problem with your designated problem-solver? Yes X No _____ If yes, give date _____

Why do you feel the informal resolution was unsuccessful? attached copies of grievances with
re issues of medical malpractice, medical negligence, discrimination
and difference, delays in treatment, delays, unreasonable care,
inadequate care, lack of knowledge

Please give a **BRIEF**, clear statement of your grievance. This statement must be specific as to the complaint, **dates**, places, personnel involved, how **you** were affected and what you want to resolve the issue. **One issue** or incident per grievance. Additional pages or forms will **not** be allowed and if attached, will result in the automatic rejection of this grievance without content review.

gko: Dr. Roland John Anderson, MD.

1) Olabude Olumofin on 10-10-05 + Feb 23rd of 06 failed to see that my
 Oment toe was clearly infected. Nor did he follow up on ANP Janice
 Alexander or ANP Rebecca Johnson decision of how to treat me while
 I was at DGH on Intake 10-10-05 thru 10-17-05. Only had Bandage changes
 and dressing changes. No culture to speak of or x-rays or measurements to
 prove that my wound was almost healed until I had to walk out
 at DGH. #2 Feb 23rd of 06 - Valerie ANP Connie Hubbard recommended long
 term anti-Biotic care after she gave me 4 shots of antibiotics and
 med's where Dr Olumofin gave me 2 1/2 days of I.V. sent me to Cummins
 intensive for 2 1/2 days, needed bedspace. To where Cummins Dr. ~~Ward~~
 (Sundera) Desk: Released me from Dr. Roland Anderson's decision.

IS THIS AN EMERGENCY SITUATION? YES X NO _____ If yes, why? Feb 24, March 1, 2006
10 Days later no wheel chair etc, could not walk again because of swelling

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any officer or department employee who shall sign the attached emergency receipt, give you the receipt and deliver it without undue delay to the ARO, the Warden/Center Supervisor or, in their absence, to the Unit/Center Assistant Warden. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Tommy Henderson
 INMATE SIGNATURE

9-25-06
 DATE

(TO BE FILLED OUT BY THE RECEIVING OFFICER)

RECEIPT FOR EMERGENCY SITUATIONS

OFFICER (Please Print) _____ Signature _____

FROM WHICH INMATE? _____ ADC# _____

DATE: _____ TIME: _____

GRIEVANCE FORM - (Attachment 1A)

State medical

Bored
complaint

FOR OFFICE USE ONLY

Grv. # _____

Date Received _____

Grievance Code: _____

UNIT/CENTER

NLU

#2

PLEASE PRINT

Name

Tommy Henderson

ADC#

9398

Brks

Penitentiary I Solution
Job AssignmentIS THIS GRIEVANCE A MEDICAL GRIEVANCE? Yes ☒ No _____

All complaints/concerns should first be handled informally before proceeding to the formal grievance procedure.

THE ORIGINAL INFORMAL RESOLUTION FORM SHALL BE ATTACHED

Informal Action Taken

Have you discussed this problem with your designated problem-solver? Yes ☒ No _____ If yes, give date _____

Why do you feel the informal resolution was unsuccessful? A complaint of negligence, delay of treatment, medical malpractice of lack of Antibiotics from a Diabetic Ulcer that grew bigger, because when you walk it appears 2 miles a day because you hurt to, Does the wound heal at all?

Deliberate malpractice - Delays

Please give a BRIEF, clear statement of your grievance. This statement must be specific as to the complaint, dates, places, personnel involved, how you were affected and what you want to resolve the issue. One issue or incident per grievance. Additional pages or forms will not be allowed and if attached, will result in the automatic rejection of this grievance without content review.

Also Dr. Roland John Anderson M.D.

- (1) Dr. Mohammed Ahmed on 10-17-05 to Feb of 06 did not aggressively or give any Ant. Biotics towards an infection that I had due to a diabetic Ulcer that was almost healed 10-10-05. Dr. Ahmed refused to give me a wheel chair or crutches, my @ great toe started getting bigger, the wound was cleaning, daily dressings, Biotine soaks, walking 2 miles a day, just to eat, get pills, insulin for Diabetes.

Records attached with issues of 411 Doctors.

- (2) Dr. Alex Dellinger of LR has all my records of its treatment in place of OS. Even with it showing no damage to the @ great toe. Negligence, not even reasonable care. Then upon my arrival to DCU on 10-10-05 no foot support to keep @ great toe off pressure, to the toe.

IS THIS AN EMERGENCY SITUATION? YES ☒ NO _____ If yes, why?

Due to the nature of issue this caused my degradation of @ great toe.

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any officer or department employee who shall sign the attached emergency receipt, give you the receipt and deliver it without undue delay to the ARO, the Warden/Center Supervisor or, in their absence, to the Unit/Center Assistant Warden. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Tommy Henderson

INMATE SIGNATURE

9-24-06

DATE

(TO BE FILLED OUT BY THE RECEIVING OFFICER)

RECEIPT FOR EMERGENCY SITUATIONS

OFFICER (Please Print) _____ Signature _____

FROM WHICH INMATE? _____ ADC# _____

DATE: _____ TIME: _____

GRIEVANCE FORM - (Attachment 1A)

State medical
Board complaint

FOR OFFICE USE ONLY

Grv. # _____

Date Received _____

Grievance Code: _____

PLEASE PRINT

Name Tommy Henderson ADC# 93098 Brks Isolation Job Assignment _____IS THIS GRIEVANCE A MEDICAL GRIEVANCE? Yes X No _____*****
All complaints/concerns should first be handled informally before proceeding to the formal grievance procedure.THE ORIGINAL INFORMAL RESOLUTION FORM SHALL BE ATTACHEDInformal Action TakenHave you discussed this problem with your designated problem-solver? Yes X No ____ If yes, give date seeWhy do you feel the informal resolution was unsuccessful? Attached copies of grievances of Dr. Robert Scotts M.D. statements that on Dec 20, 2005 I did have an infection in my O great toe, see medical records and that this pure neglect to put me in a wheelchair, or give me I.V's medical malpractice, negligence, delay in treatment, etc.Please give a **BRIEF**, clear statement of your grievance. This statement must be specific as to the complaint, **dates**, places, personnel involved, how **you** were affected and what you want to resolve the issue. **One issue** or incident per grievance. Additional pages or forms will **not** be allowed and if attached, will result in the automatic rejection of this grievance without content review.

1) Dr. Keland John Anderson & Dr. Robert Scott of Detroit, on 12-20-05 decided that my O great toe was not infected. But it was, Dr. Connie Hubbard of Vassar recommended that I see Dr. Scott & so-called wound specialist, stated that I had not only infection in my O great toe, but ordered a cast of a so-called support of getting my O great toe off of pressure to the floor after walking a mile a day from 10-10-05 to 12-20-05 without any support on the toe. How could the wound heal. Dr. Connie Hubbard's script for me was Bactrim soaks, daily dressings. Cms Scott & the nurses will testify to the O great toe, also Nurse Betty Harrison of Vassar will also testify that what it looked like in the county jail & Cms

IS THIS AN EMERGENCY SITUATION? YES X NO ____ If yes, why? Failure to treat me with my O great toe to where it got infected on April 20, 2006

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any officer or department employee who shall sign the attached emergency receipt, give you the receipt and deliver it without undue delay to the ARO, the Warden/Center Supervisor or, in their absence, to the Unit/Center Assistant Warden. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Tommy Henderson
INMATE SIGNATURE9-25-06
DATE

(TO BE FILLED OUT BY THE RECEIVING OFFICER)

RECEIPT FOR EMERGENCY SITUATIONS

OFFICER (Please Print) _____ Signature _____

FROM WHICH INMATE? _____ ADC# _____

DATE: _____ TIME: _____



Push to cut costs poses risks- and not just to inmates

Faces of
inmates
who died
in custody

The Post-Dispatch found cases around the country where people died after going to prisons or jails where private companies provided the medical care. Some of these stories are told in this section.



Dorothy Masters
Age: 45

Location: Reno
Correctional Center
in Missouri for
forgery
conviction.

Date of death:
April 5, 1994.

Circumstances:
Her family claims
she suffered from
hypotension, leading
to cardiac arrest, after
a prison doctor
prescribed a drug
that interacted with
medication she was
taking.

Provider:
Correctional Medical
Services

CMS comment:
"The medical
examiner found no
evidence to indicate
that her death was
related to any
medications." The
company also said its
staff "was extremely
attentive to her
needs," and acted
"promptly and
appropriately" to
deal with her medical
condition.

Legal status:
Masters' daughter
sued CMS and the
doctor for failing to
monitor her blood
pressure after
prescribing the drug.
The case was settled
for \$48,500 and
sealed this summer.



Inmates line up outside the Fulton Reception and Diagnostic Center, the first stop for new arrivals in a Missouri prison system. Inmates are stripped, searched, showered, deloused, then photographed and fingerprinted. The next step is medical analysis.

continued from previous page

'Unusual punishments'

Inmates used to call government-run prison infirmaries "the butcher shop." These are yielding to "HMOs behind bars," as some in the industry call their programs, referring to health maintenance organizations that offer pre-paid medical services to subscribers in the outside world.

An encounter with HMOs behind bars can become a death sentence, even for inmates whose cases have not yet gone to trial or who have been convicted of relatively minor crimes. Many are young people, with curable conditions.

Consider:

■ Calvin Moore, 18, died in February 1996 after serving only a few weeks of a two-year burglary sentence in the Kilby Correctional Facility in Alabama. He lost more than 50 pounds in less than a month and suffered symptoms of severe mental illness, dehydration and starvation. CMS was responsible for his health care.

■ Diane Nelson, 46, mother of three, died of a heart attack in March 1994 in the Pinellas County Jail, in Florida, after three nurses with Prison Health Services Inc. ignored her repeated requests for heart medication prescribed by her doctor. Nelson had been arrested for slapping her teen-age daughter. As Nelson collapsed, a nurse yelled: "Stop the theatrics."

■ Charles Guffey, 39, died of a perforated ulcer in October 1997 in the Tulsa County Adult Detention Center, in Oklahoma, after nurses working for Wexford Health Sources Inc. allegedly ignored his pleas about severe

abdominal pain. Jailers said a nurse told them to return Guffey to his cell and "let inmate justice take its course." He had been arrested for failing to appear in court on drug charges.

■ Nancy Blumenthal, 17, committed suicide in May 1996 in the Westchester County Jail, in Valhalla, N.Y., after a doctor working for EMSA Correctional Care took her off of an anti-depressant drug following a 20-minute interview, even though she was suicidal. Blumenthal had been jailed for robbery and threatening her mother with a kitchen knife.

These deaths hint at a broader system of "unusual punishments" prohibited by the Eighth Amendment of the Constitution. They point to an attitude that could threaten the Hippocratic Oath, the creed of the medical profession, which says practitioners must keep "free from all intentional wrongdoing and harm" no matter where they work.

Disciplined doctors

The Post-Dispatch also found that:
■ Some of the industry's leaders are putting inmate health care in the hands of doctors who have been disciplined by state medical licensing boards or even committed crimes themselves.

■ In some cases, disciplined doctors who aren't allowed to practice on the general public are permitted to do so behind bars — even if they have lost their Drug Enforcement Administration license for prescribing controlled substances. That means they can't

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Criticisms of CMS

U.S. Justice Department, 1993: said care at the Norfolk City Jail was "grossly inadequate and fails to meet the serious needs of inmates."

CMS: "laced numerous challenges outside of our control," including "an antiquated facility, extreme overcrowding (and) inadequate funding."

Franklin County Commission, Columbus, Ohio, 1996: found 10 deficiencies with care in the county jail system, including staffing levels that fell short.

CMS: "significantly increased" staffing at the start of the contract and brought the jail into compliance with the National Commission on Correctional Health Care and others.

Dr. Ronald Shansky, court-appointed monitor for Georgia prisons, 1994: CMS was running a "medical gulag."

CMS: "The report is filled with numerous inaccuracies."

Nevada Board of Medical Examiners investigative committee, 1995: CMS's medical director at the Washoe County Detention Center, in Reno, allowed lower-level nurses to "practice medicine and manage medical situations well beyond the capability and training of professional nurses."

CMS: The medical director "is no longer associated with CMS." If the allegations are true, the doctor "violated CMS policies and procedures."

Dr. Lays Anno, consultant for Pinellas County Jail, Little Rock, Ark., 1993: A wide range of problems, including "inadequate management of infectious diseases, delays in health screenings and incomplete records."

CMS: Within one week of the consultant's survey, NCCHC inspectors visited the jail and gave it accreditation.

The NCCHC survey "provided a more accurate evaluation."

Virginia legislative audit commission, 1994: CMS failed to provide "adequate physician coverage" at the Greensville Correctional Center, the state's largest prison.

CMS: Greensville has been accredited by the NCCHC. Virginia has contracted with CMS at three other state facilities, "a good indication that we provide quality services."

prescribe something as simple as Tylenol 3 for a toothache.

■ Distant administrators intervene in the practice of medicine by doctors, often second-guessing their decisions on economic grounds. The extra steps can delay treatment or approval for medication.

■ A culture of skepticism permeates correctional health care. Inmates fake illness frequently, which can leave nurses and doctors blind to real sickness.

■ The National Commission on Correctional Health Care, which sets standards and accredits prison and jail health care operations, does not serve as the watchdog that private companies claim.

■ Medical records are sometimes altered. Records have been changed to falsely indicate doctors gave medical orders when in fact a nurse did.

Medically questionable deaths behind bars aren't exclusive to jails and prisons with privatized care. For example, an inmate in the St. Louis Workhouse died in May from complications of asthma after treatment was delayed.

And in July, a U.S. district judge in St. Louis awarded \$781,000 to the family of a Cape Girardeau man. He hanged himself in a federal prison in Georgia after public officials there withdrew his anti-anxiety medication, allegedly to save money.

"It's not like we've always had this wonderful government-run system and suddenly made it bad," said Jenni Gainsborough, director of the American Civil Liberties Union's National Prison Project in Washington. "We've just added a layer that makes a bad system worse."

■ Critics of the private companies say the industry's astounding growth and drive for profit raise extra cautionary flags.

■ "Appalling things are going on in some of these facilities in the name of efficiency, saving money and managed care," said Michael Vaughn, a professor of criminal justice at Georgia State University, in Atlanta. Vaughn grew up in Lebanon, Mo., and went to Central Missouri State University. He analyzes court cases involving prison and jail health care issues and served as an associate editor of the scholarly journal "Justice Quarterly."

■ "For every death there are hundreds of cases of inmates in these correctional facilities who are receiving substandard care," he said. "I've seen enough smoke to know that fires are definitely burning."

Michael Pfeiffer, CMS's chief operating officer, disagrees with those who say the deaths are the tip of an iceberg in a failing system.

"I don't believe that this is some underlying systemic problem," Pfeiffer said.

Of the criticism that the companies have to deny care to make profit, Pfeiffer said: "That's crap. OK? Plain and simple. That's not true. You don't have to deny care to get a better deal from pharmaceuticals, negotiate with hospitals, do focus lying and do other kinds of things" aimed at economies of scale.

A threat to you

Dr. Thomas Conklin of the Hampden County Correctional Center, in Ludlow, Mass., knows that providing medical care to inmates is not a popular idea.

"After all," Conklin said, "many people say prisoners are scum — why should we provide free medical care to criminals when our own children can't get free medical care?"

Inmates are inescapably part of the American community. Diseases don't respect bars. Each year in the United States 12 million inmates return to society, bringing with them a broad range of diseases that are often infectious.

Without effective medical intervention in jails and prisons, released inmates "pose a threat to the public health of the community," said Edward Harrison, president of the National Commission on Correctional Health Care.

Poor health in inmates also threatens visitors, guards and other workers in prisons and jails. Inmate anger about health care has led to riots in some states.

In addition: ■ The explosion of inmates has created a prison population bomb — a growing body of older, sicker inmates whose increasingly serious health care problems are likely to push costs even higher.

■ Adequate health care for inmates is mandated by the U.S. Constitution and the Hippocratic Oath.

■ If not well cared for in prison, a released inmate's health problems add cost to the nation's health care tab.

Into whatsoever houses I enter, I will do so to help the sick, keeping myself free from all intentional wrongdoing and harm.

—From the Hippocratic Oath

A social problem

The changes in correctional health care are occurring against a backdrop of rising numbers of inmates in prisons and jails, longer sentences and escalating costs for health care.

When American voters decided two decades ago to get tough on crime, they began building the largest prison system in the world. In 1980, prisons and jails held about a half-million inmates. By 1997 that number had more than tripled, to 1.7 million.

Nonviolent offenders accounted for much of the influx. Prisons are home largely to the poor and uneducated and people with drug habits and broken families.

Many are in poor health and haven't seen a doctor since they received immunizations before entering kindergarten. In some respects, they are lucky to get the medical treatment, eye

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A guard sits nearby while a prisoner undergoes dental care in Chester, Illinois. J.B. Forbes/Post-Dispatch

Dennis Mandi
Age: 45
Location: Montgomery County (Pa.) Correctional Facility, for writing phony prescriptions.
Date of death: Nov. 27, 1995
Circumstances: Mandi attempted suicide once, while jailed by jumping headfirst from an upper bunk. He allegedly told prison medical workers he was depressed and suicidal and undergoing drug dependency withdrawal. Jail policy was to check suicidal inmates every 15 minutes, but observed that frequently. He hanged himself with his jail jumpsuit.
Provider: EMSA Correctional Care.
EMSA comment: The company declined to comment.
Legal status: Mandi's widow, Denise Giandonato, reached a confidential settlement with EMSA in October 1997. Her lawsuit against the county is scheduled



Ronnie Valentine
 Age: 42
 Location: Franklin County (Ohio) jail, on a traffic violation, fleeing police and drug trafficking
 Date of death: Sept. 17, 1996
 Circumstances: Valentine, who had a history of hypertension, began to vomit blood shortly after his arrest on Sept. 13. He died four days later of esophageal tearing with gastrointestinal hemorrhaging.
 Provider: Correctional Medical Services
 CMS comment: The company declined comment.
 Legal status: His family is suing CMS, the county and a doctor for violating accepted standards of care in treatment.



David Jones
 Age: 42
 Location: Greensville (Va.) Correctional Center, conviction for kidnapping and aggravated sexual battery.
 Date of death: March 30, 1995
 Circumstances: Jones died of blood poisoning after a diabetic ulcer on his foot became infected.
 Provider: Correctional Medical Services
 CMS comment: The company said "health care professionals were attentive to Mr. Jones' medical needs."
 Legal status: Jones' widow sued the state and company. At issue is whether CMS has sovereign immunity from such lawsuits. CMS claims the case has been dismissed and is awaiting a final order. The attorney for Myrtle Jones said a final order has not been signed, so the case is still considered open.

exams and dental care provided in a prison.
 Roughly one in 10 inmates today is mentally ill. Many of them ended up in prisons and jails when states closed mental hospitals in the 1970s. In many cases, prison worsens a mentally ill person's condition by the time he returns to the street.
 Some workers in both public and private health units have bought into a river of public anti-prisoner sentiment that simply putting an inmate in prison isn't sufficient punishment, Vaughn said.

"They turn the Hippocratic Oath on its head," he said. "They become harmers instead of healers."
 In an article to be published in 1999 in Justice Quarterly, Vaughn and Linda Smith, a researcher at Kennesaw State University, near Atlanta, identified six kinds of "ill-treatment and torture" recently inflicted by a slew of private providers at an unidentified county jail.

Among other examples, the researchers found evidence that nurses ignored the pregnancy problems of some inmates, withheld medications for AIDS, delayed treatment for hemias and abruptly took a Vietnam veteran off his psychiatric medicine to treat post-traumatic stress disorder - a move that creates severe withdrawal symptoms.

A history of abuse

There's a long history of unusual punishment by medical personnel in prisons and jails across the country.
 After World War II, prisoners were used as "volunteers" in experiments on medical problems ranging from athlete's foot to radiation exposure. In 1956, researchers injected cancer cells into more than 100 inmates in Ohio to see how their bodies would respond.

In Arkansas, state prison doctors tolerated medieval torture and murder through the 1960s - and in some cases became involved. A doctor at the Tucker State Prison Farm created the "Tucker telephone," an electric device strapped to the inmate's genitals to inflict pain short of passing out.

Arkansas prison doctors and state officials concealed beating deaths by listing the causes of death as "malaria," "heart ailments" and "unknown."

In the 1970s, correctional health services improved as the American Medical Association developed standards for health care. Professional organizations set up training programs and other aids.

The case of a Texas inmate with back pain led to a 1976 Supreme Court decision known as "Estelle v. Gamble." The court agreed that the government had an obligation to provide "adequate medical care" to prisoners.

But the court set a high standard for prisoners to prove violations of that constitutional right. The judges said "deliberate indifference to serious medical needs of prisoners," if proven, constituted "wanton infliction of pain."

The get-tough policy swelled the prison population in the 1980s.

"The sheer numbers strained resources, especially as shrinking public funding bases during the late 1980s and early 1990s limited staff increases and equipment purchases," said Dr. Kim Marie Thornburn, an expert in correctional health care with the Spokane Regional Health District. "Health care facilities in jails and prisons grew more cramped and inadequate."

The bottom line

Enter the prison HMOs.

Of the estimated \$3.75 billion a year now spent nationwide on correctional health care, managed care companies account for upwards of 25 percent, say industry analysts. They put the industry's net profit margin at a scant 1.5 percent to 2 percent.

The companies say they offer many advantages over government-run correctional health agencies. They streamline the on-site health care operation, cutting the need for visits to hospitals.

They have an available pool of doctors, nurses and other workers that can fill gaps in staffing more quickly than government bureaucracies. The private contract makes it easier for government officials to predict costs and focus on security.

A company can provide health care for 5 to 15 percent less, depending on the prison or jail.

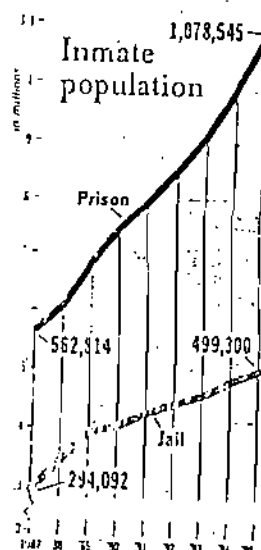
Correctional health care companies "save hundreds of millions of taxpayer dollars at the state and local levels," Dr. Stuart Shapiro, president of Prison Health Services of New Castle, Del., testified before Congress.

Critics say there's no proof of that. And they warn that the growth in privatized correctional health care is part of a burgeoning "prison industrial complex." That refers to a network of companies and their subsidiaries that manage private prisons and provide such services as health care, food and equipment.

For a company paid a fixed rate, every dollar not spent on health care is profit.

Among other issues raised by privatizing prison health care is whether the pursuit of profit - a tradition as American as apple pie - has led to dishonest practices. Government agencies have found that some companies exaggerate the amount of medical care they provide or leave positions unfilled.

In Massachusetts, for example, the state auditor in 1996 accused EMSA of overcharging the state \$1.5 million by inflating the number of AIDS patients and the cost of their treatment. The company filed false and questionable invoices between January 1992 and June 1994, said auditor Joe DeNucci.



A spokesman for the company said it got the number of inmates with AIDS from the Department of Corrections, "so there was no way possible we could inflate that number." The auditor stood by his report.

In Florida, in a 1995 contract with one of its doctors, EMSA offered a \$250 bonus each time he eliminated an emergency room visit for a Pinellas County jail inmate.

EMSA believed the bonus was the doctor's "stipend for being on call" and that it was justified to cut costs and security concerns. The sheriff believed it a clear incentive to cut care.

Such incentives are given by a few companies, said B. Jaye Anno, an authority on correctional health care who objects to the practice.

"This sets the stage for a potential conflict between what may be in the patients' best interest and

HEALTH CARE BEHIND BARS



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what may be in the self-interest of the physician," Anno said.

In Illinois in July, the regional administrator for a national firm complained in a memo to the medical director of a state prison that he had gone over his monthly budget.

"I will not blindly approve an over-budgeted supply requisition simply because you need it," the administrator said. "...We are in severe financial difficulty at your facility and the pattern of spending more than we have allocated is what got us here. You must be more cost conscious than ever."

In Oklahoma, licensed practical nurse Sherry Burkybile said a Tulsa jail often went without basic medical supplies on the night shift. If nurses ran out of peroxide, "you used water. It don't work as good, but you improvised."

Bandages? "Ran out. There's nothing you can do. You put a paper towel on it ... I ripped up a sheet and got in trouble because that was state property."

Burkybile's statements came in a December deposition about jail care and her former employer, Wexford. She explained the bureaucratic maze for sending an inmate to the emergency room.

If an inmate showed signs of a potential heart attack — dizzy, chest pain, left arm hurting — Burkybile had to be convinced the inmate wasn't faking. She didn't want to wake her supervisor at home over a false alarm.

She also had to get permission from the director of nursing or a jail administrator to call the doctor. Sometimes, as precious time elapsed, Burkybile had to page these people and wait for a reply. Only then could she call the sheriff's deputy to pick up the inmate.

"If I was lucky and I had a commander on that was good, he would call transport, and transport would come and get them, but it would take at least two hours," she said.



J.B. FOWLES/POST DISPATCH

The medical staff cut costs wherever they could, she said. They would distribute expired medicine or keep an inmate's personal medicine on the shelf even after that inmate had left jail.

No choice

For inmates, this bottom-line mentality can lead to abuses. In the free world, a sick person has choices — even an HMO patient may be able to switch doctors or health plans if unhappy.

A patient in prison has no choice. And no consumer advocate.

"If you think of every evil that exists in HMOs and multiply it by 10, you'll understand what happens with CMS," said Richard Sindel, a Clayton lawyer who has battled the company on behalf of female inmates in Missouri. "Not only do they have a captive audience, literally and figuratively, they have one that has absolutely no power at all."

Jacqueline Reich, Lorenzo Ingram and Henry Simmons — and all the others, if they were alive today — might be inclined to agree.

J.B. FOWLES/POST DISPATCH

An inmate at Menard Correctional Center in Illinois has been in a vegetative state for four years. The administrator for Health Professionals Inc. at the prison calls him "our child."

Menard isolation inmate Lenny Shepard pays a visit to Dr. Steve Platt at the prison clinic. He was complaining of sunburn. Medical staff workers say inmates go to great lengths to get out of isolation, even briefly.



Melony Bird
Age: 24
Location: Pinellas County (Fla.) jail, for drug and prostitution charges.
Date of death: April 3, 1996
Circumstances: Bird was a drug addict with a history of heart problems. An electrocardiogram performed at the jail showed a possible heart attack. She was taken to an emergency room 13 hours later. She died at the hospital.
Provider: EMSA Correctional Care
EMSA comment: The company declined to comment.
Legal status: No record of legal action.



John Brundage
Age: 52
Location: Pinellas County (Fla.) jail, for a minor traffic violation and subsequent scuffle with police.
Circumstances: Brundage was stopped by deputies for a beat license plate and was jailed after a struggle with them. He died of a ruptured intestine.
Date of death: Sept. 9, 1991
Provider: CMS Correctional Medical Services.
CMS comment: After the struggle, Brundage was treated at a hospital, which "did not disclose any internal or life-threatening injuries or conditions." The company said when Brundage's condition became unstable, "CMS health care professionals called for help."

Missouri pri e has little



J.B. FOWLER/POST-DISPATCH
Inmate Jerry Lawrence from Poplar Bluff, Mo., has a tooth extracted by Fulton prison dentist Paul Robertson, and his assistant Debbie Shiverdecker in the prison's medical clinic.

By suing CMS, McDonnell said, he knows those details.

"They waited hours from the time she was first ill and dizzy and had a blood pressure of 60/40 until she was eventually transferred to a hospital," he said. The hospital physician "attributed her death to the mixing of those medications by her (prison) doctor, and the delay in getting her to the hospital."

O'Brien, the lawyer for CMS, said he's not sure Masters took the Verapamil she was prescribed. Nevertheless, he said, the prescribed amount was "well within therapeutic limits."

"It's not like death is a known interaction to these two drugs," O'Brien said.

The doctor who performed an autopsy believed that heart disease and probable hypertension caused Masters' death.

"We think she died from unrelated cardiac arrest, she had some kind of heart weakness or heart attack or something," O'Brien added. "I mean, people's hearts do fail."

Why did the company settle? "You settle to avoid cost and risk," he said.

Looking at deaths

At a prison in Vandalia, Mo., inmate Bonita Holley was so shaken by the death of an inmate in May that she wrote to advocacy groups and the governor.

"Her medicine was switched and she said, 'I don't want to die in here,'" Holley said of her friend, Ellen "Honey" Ross. "We talked the night before her stroke."

Ross, 46, was found slumped in her room, her mouth twisted. An officer called on his radio for a stretcher. Holley said none came.

Holley ran to an area off-limits to prisoners, grabbed a stretcher and carried it to her friend with the help of a custody officer. She said another officer yelled for someone to drive the emergency vehicle (similar to a golf cart), but no one at the new prison knew how to operate it yet.

Bonita Holley is free now, paroled last month and living in Kansas City. She is pushing for an independent review of prisoner deaths.

"We want an outside auditor to come in and assess their actions," Holley said. "The auditor has to be independent of the Department of Corrections and CMS, because these people can make all of their documents look good."

George Lombardi, director of the state's Division of Adult Institutions, said each death is already scrutinized by the CMS statewide medical director, a state nurse who monitors the CMS contract and a forensic medical examiner.

"This all exceeds any death in the community by a long shot," he said.

Judy Hudson, the department's chief of nursing services, said no prisoner in Missouri has ever died due to delayed treatment or poor health care from CMS.

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"ashamed" of the "medical gulag" that the company ran in prisons through 1994, when it was replaced.

The company disputes the findings as off the mark.

These parts of the CMS track record apparently didn't count for much — if they were considered at all — when Missouri officials selected CMS in 1992 over two competitors and signed a five-year renewal in 1996.

Missouri sought bids without asking for information on lawsuits.

"I don't know if we would even consider that as a measure of care," said Judy Hudson, chief of nursing services with the Missouri corrections department. She was among a half-dozen state employees evaluating the bids.

In 1996, contract evaluators gave CMS high marks in experience, expertise of personnel and method of performance. Most rated CMS a 99.36 out of 100 points. The scores of its competitor, Prison Health Services, ranged from 59 to 95.

"From what I saw, it seemed like a sound company," evaluator Mark Barnes said of CMS. "I was of the impression they had performed adequately, and I didn't denote any problems that weren't resolved."

Barnes is principal assistant to the director of the Missouri Health Department.

To do background checks, evaluators used packets provided by the bidders to call references. Hudson said they also checked with their own sources.

The future

CMS has taken several steps to stay ahead of mounting costs. Pfeiffer said. One was to set up its own "fax-and-fill" pharmacy, in Oklahoma City. Orders are sent out from there to CMS sites around the country.

Its growth will rely largely on computerized systems for communicating throughout the company and tracking inmates with chronic diseases like diabetes and heart disease to "make sure they don't fall through the cracks," Pfeiffer said. Doctors using digital medical records will increasingly treat inmates via telemedicine, a concept in which the physician diagnoses and prescribes from a remote location.

"Our philosophy is to do as much as we can as close to the patient as we can," he said. "So if we can enhance services at the facility and do it there, we want to do it there."

Robert Steyer of the Post-Dispatch contributed information for this story.

Prisoner lawsuits in Missouri are way down

BY KIM BELL
of the Post-Dispatch

JEFFERSON CITY

Medical lawsuits are way down in Missouri prisons, and Correctional Medical Services boasts that it's a sign of quality health care.

The state had 308 pending medical lawsuits in January 1993 when CMS started taking over medical care inside Missouri's prisons. By June 1998, there were 77. That's a 400 percent drop when the growing number of prisoners is considered.

"The number of lawsuits speaks for the type of care we give," said John Treu, assistant general counsel for CMS in Missouri. "The inmates have a lot less to complain about."

CMS takes the credit but the company actually is benefiting from other factors as well.

"Part of the problem is knowing whether it's CMS that caused them to go down," said U.S. Magistrate Judge William Knox, "because we've seen lawsuits generally have gone down, and lawsuits have gone down for a whole bunch of reasons."

Prisoners can't sue until they exhaust a lengthy Department of Corrections grievance process.

"The grievances go right back to the people we're complaining about, and the medical unit's not going to find themselves guilty of anything," said prisoner G.W. Bereuter, who is serving 57 years at Moberly Correctional Center for rape and sodomy.

Among other hurdles for prisoners:

*Those filing suit must pay a \$150 filing fee, which used to be waived in some cases. Prisoners face new sanctions for frivolous lawsuits. Parole dates can be pushed back and "good-time served" taken away.

*Congress axed the Pell Grant program for inmates, so colleges no longer give "paralegal training" to inmates who help others file suit.

*The state has limited the amount of paper — most of it legal work — that a prisoner can keep in his cell.

To meet the constitutional standard of "deliberate indifference" set by federal courts, a prisoner must prove that officials knew of a serious medical need and deliberately disregarded it. A medical need is serious if a doctor says treatment is needed or if it's so obvious that any lay person would recognize the need for medical attention.

Treu said this hypothetical scenario would meet the definition: "Inmate walks into a physician's office and he has a bone sticking out of his leg. The doctor says, 'Yes, I realize you have a broken bone,' and 'Yes, I realize if I don't care for you you're probably going to get gangrene. Go away.'"

The standard a prisoner must meet is "so high, it's ridiculous," said Daniel V. Conlisk, a St. Louis lawyer. "You have to show ill will or intention, not that they were just negligent or even grossly negligent."

Judge Knox said a case Conlisk lost in August came close to the standard. "When you looked at the medical records," Knox said, "it looked like the individual was not getting the care he needed for his multidrug resistant strain of TB."

Prisoner Mark Harris said he was going blind in 1993 because the drug Ethambutol reached toxic levels. Dr. David White knew the drug could cause loss of color vision. He ordered monthly eye tests, which weren't done.

White worked for the state then, not CMS. He left the monthly vision tests to the nursing staff and didn't check the charts himself. He said he had no authority to tell the nurses what to do because they worked for CMS.

Two CMS supervisors named in the suit settled the case before the trial, in which the jury sided with the doctor.

"The feelings of most of the jurors were, 'Why wasn't CMS on trial rather than the doctor himself?'" said one juror, a Jefferson City resident.

A study published in 1995 by the U.S. Bureau of Justice Statistics found that prisoner victories are rare. Of 26,800 suits filed in federal court one year alleging a variety of abuses, less than 1 percent resulted in jury verdicts for the prisoner.

Most prisoners lose when a judge decides they have no chance of submitting a valid claim to a jury. Treu said "well over 95 percent of our cases go away on paper."

Prisoners can use state courts for medical malpractice suits, but most can't afford to hire an expert witness to say the accepted standard of care wasn't followed.

WWJD

What Would Jesus Do?



Walter Williams Jr.

Age: 63

Location: St. Clair (Ala.) Correctional Facility for a manslaughter conviction.

Date of death: Sept. 30, 1996

Circumstances: Williams received the wrong chemical during kidney dialysis in December 1995. He died nine months later.

Provider: Correctional Medical Services

CMS comment: Same as Casbys' case

Legal status: Williams' family has sued CMS, a subcontractor and its nurse. The lawsuit is pending.

Diane Nelson

Age: 46

Location: Pinellas County (Fla.) jail, arrested for slapping her teen-age daughter.

Date of death: March 9, 1994

Circumstances: Nelson died of a heart attack after pleading for medical attention for several hours. A nurse accused Nelson, who had a history of heart trouble, of acting.

Provider: Prison Health Services Inc.

PHS comment:

The company declined to comment. Legal status: After a federal judge ruled against the company's motions to dismiss key charges in the lawsuit filed by Nelson's ex-husband, the company reached a confidential settlement.

Item: As Nelson collapsed of a massive heart attack, a nurse told her to "Stop the theatrics."



HEALTH CARE BEHIND BARS

Former CMS doctor says bottom line ruled

Dr. Kevin Martin says the company's focus on containing costs over treating illness drove him away. Doctors in New Mexico have cited similar reasons for leaving CMS.

By Kim Bell
and William Allen
of the Post-Dispatch

For Dr. Kevin Martin, the case of the prisoner with foot pain illustrates what's wrong with Correctional Medical Services.

Martin spent 18 months as CMS medical director of the Moberly Correctional Center, in Missouri. An older prisoner saw Martin after complaining of foot pain on his "medical service request" or MSR.

During the visit, Martin noticed the man was diabetic, short of breath and sweating. "I started to ask him about risk factors for heart disease," Martin recalls. "And the guy basically gave me the impression he was going to have a heart attack in the next month or so."

Martin arranged for the man to see a university cardiologist who ran tests and found three vessels ready to shut down. Martin believes the man's life was saved.

Instead of congratulations, Martin said he was lambasted by an administrator at CMS, which bore the five-figure cost for the bypass procedure.

"If they put foot pain on your MSR, that's all I want you to address," Martin said the administrator told him. "This guy came in with a sore foot and left with a \$30,000 operation. If they would have found him that night dead and you hadn't documented anything, nobody would've known."

Martin said he was floored by the message he heard.

"The bottom line was, if the guy was found dead, who cares, he's an inmate, and it's not documented anywhere," Martin said.

Martin recalled the administrator saying, "where you get yourself into trouble is, if you start documenting shortness of breath, and this, that and

the other stuff, now you're obligated to follow up with it ... Just stick to the chief complaint of the MSR."

The administrator, whom Martin identified as Ralf Salke, called Martin's allegations "a blatant lie."

"I did not say that," Salke said. "I am not involved in the health care in any way, shape or form in this contract. I am not a physician. I do not make medical decisions."

Martin, 32, said he resigned from CMS in the fall of 1996. The company declined to discuss Martin's performance or the circumstances under which he left.

A native of mid-Missouri, Martin had taken the job two years after graduating from medical school. Practicing in prison gave him a chance to work with a wide variety of health problems. But he felt overwhelming pressure to cut corners.

"The big flaw with the system is the company that runs the health care, they're paid a large sum up front and anything that they pay for is lost profit," Martin said. "Anything that's more expensive than an aspirin or a Tylenol, they have put into place many obstacles that the physician has to cross to get it taken care of."

For instance, any medication that is not on CMS's formulary list requires extra paperwork for the doctor. The doctor has to punch the information into a computer, and the company's state medical director — another doctor — must approve it.

"And they always send everything back to the physician on site, 'we need more information, we need more information,'" Martin said. "And it turned into just a mountain of paperwork to get anything done ... And the only reason for it was to save money. The impression that I had was, if we aggravate the physicians enough, they're not going to order anything that's expensive."

He said CMS would unveil financial reports to show the medical directors how far over or under budget each prison was. "They use that sort of as an embarrassment technique," he said. The company hinted to Martin that, if his site met budget, the sign-on bonus in his new contract would be \$30,000. He was already paid roughly \$150,000 a year by CMS.

"They mentioned it several times," Martin said. "They'd drop that hint every now and then, 'You've got this \$30,000 hanging over your head if you'd maybe just order a few less surgeries.' They don't come out and say it but that's what they mean."

Michael Pfeiffer, the company's chief operating officer, said "We're not involved in an official bonus program. ... The issue is not saving money. The issue is providing the right care at the right place."

Martin said he left the job shortly after getting a sheet of paper from CMS announcing it won a contract renewal in Missouri but would have to make about \$2 million in cuts.

Martin is now a general practitioner at a clinic in Vandalia, where earlier this month he won the exceptional service award of the Audrain Medical Center.

"I feel like I'm in paradise now," he said. "I order a medication and the patient actually gets it. It took a couple of months to get used to that."

Martin is not the only doctor who feels that way. Several CMS prison doctors in New Mexico left their jobs in the early 1990s for similar reasons.

A confidential 1993 memo from Dr. Steven Spencer, the corrections department's state-employed medical director, explains why: CMS

Henry Simmons Jr.

Age: 37

Location: Greenville

(Va.) Correctional

Center, for burglary

and rape convictions

Date of death:

Aug. 29, 1993

Circumstances:

Simmons died of a

heart attack. Physicians

prior requests for stress

tests and an

electrocardiogram on

Simmons were ignored.

He had a history of

heart disease.

Provider:

Correctional Medical

Services

CMS comment:

Simmons' death was

"unfortunate" and led

to new procedures to

treat inmates with heart

conditions.

Legal status:

Simmons' wife sued

CMS, the state, other

state officials and three

physicians. CMS and

the state each paid half

of a \$275,000

settlement in June

1996.

Dr. Kevin Martin, of Vandalia, Mo., left CMS for private practice. The variety of prison work drew him in, but he said the pressure to cut corners forced him out.



continued on next page

HEALTH CARE BEHIND BARS

Inmate got cancer treatment after a judge and a nurse stepped in

Nancy Blumenthal
Age: 17

Location:
Westchester County
(N.Y.) jail, arrested for
charge of robbery and
threatening her
mother with a knife.

Date of death:
May 17, 1996

Circumstances:
Blumenthal committed
suicide at the jail after
a psychiatrist
employed by the
provider took her off
antidepressant
medication despite
warnings she was
suicidal.

Provider: EMSA
Correctional Care.
EMSA comment:
The company
declined to comment.

Legal status:
Blumenthal's parents
sued a lawsuit
against EMSA and the
county for \$1.45
million.

By Kim Bell
of the Post-Dispatch

AKRON, OHIO

Judge Patricia A. Cosgrove twice had to order Correctional Medical Services to take care of a cancer-stricken inmate at the Summit County Jail.

"This is cancer, it's not a hangnail," Cosgrove said, scolding a CMS staffer in February.

The company told her it had been holding off on chemotherapy for altruistic reasons. It was waiting for burglary suspect Robert Eugene Campbell to be moved to a state prison so his cancer treatment would be uninterrupted.

Yet Campbell was not going to prison anytime soon. The trial was several weeks away. Campbell already had gone 2 1/2 months in jail without treatment.

"This is the thing that incensed me," Cosgrove said. "I told (CMS): 'If his cancer progresses because of the delay in treatment, as far as I'm concerned you leave yourself open to a suit.'"

After Cosgrove handed down her second court order, on Feb. 23, Campbell got six weeks of chemotherapy at CMS' expense. If it had waited until prison, an agency other than CMS would have paid.

"After that point," the judge said, "there were no more problems with him getting treatment."

The St. Louis company is paid \$1.2 million a year by Summit County to provide health care for the 14,000 inmates who pass through the jail. Corrections chief Steve Finical said the sheriff's office is happy with CMS.

CMS on Friday said Campbell "received frequent and appropriate treatment," seeing a doctor 25 times in six months.



Robert Campbell's prognosis is bleak. He said he felt his cancer was being neglected at the Summit County Jail in Akron, Ohio. "I was asking for treatment. I was asking to be taken care of."

Before the judge ordered chemo, "Mr. Campbell was already scheduled to receive this care."

Cosgrove wasn't alone in complaining. A whistleblower nurse alerted Cosgrove to the inmate's plight through letters and phone calls.

CMS is very creative at avoiding treatment costs while appearing to provide a facade of care," nurse Richard Kleinhans wrote. "The cost avoidance techniques of CMS go too far when they are utilized to hasten the death of an inmate."



Richard Kleinhans

Kleinhans, of Akron, worked as a CMS licensed practical nurse for 10 years. He said his bosses were expert at delaying medical care to pad profits. For years, he said, he helped them do it.

He screened new inmates to weed out those with costly medical conditions. Pregnant inmates close to delivery would be released from jail, then re-arrested once the child was born, so CMS did not have to pay for the delivery, Kleinhans said.

"They'd study the charges and then decide how much medical treatment they were going to give, if at all," Kleinhans said. "If somebody needed oxygen, and they're in for a misdemeanor, the jail would call the judge up and say, 'Can we get his bond lowered?'"

Starting in late 1996, he complained in staff meetings that inmates weren't getting life-sustaining medicine at prescribed times. He told the sheriff's office,

continued on next page



Bobby Dancy

Age: 47

Location: St. Clair
(Ala.) Correctional
Facility, on a murder
conviction.

Date of death:
Oct. 30, 1996

Circumstances:
Dancy, who was a
schizophrenic, was
one of four inmates
who received the
wrong chemical
during kidney dialysis
in December 1995.

Provider:
Correctional Medical
Services.

CMS comment:
"We believe that
Southeast Dialysis (a
subcontractor)
employees may have
used an incorrect
dialysis solution."

The company's
contract was
terminated. CMS said
the death was
"unrelated to the
treatment received in
December 1995."

Legal status:
Dancy's family has
sued CMS, a
subcontractor and its
nurse. The lawsuit is
pending.

Bottom Line

continued from page 25

officials were intervening too much in the practice of medicine.

The CMS medical director for New Mexico then, Dr. Anna Davis, was "denying requests for consultation, denying requests for drugs recommended by consultants, changing physicians' orders and adding orders without seeing the patient or consulting the physicians directly responsible for the patient's care," the memo said.

The corporate attitude was behind the high

turnover rate among CMS doctors in New Mexico, the memo said.

Spencer is now an independent consultant working on behalf of several states, the U.S. Department of Justice and other clients. In an interview, he said the CMS state medical directors he worked with until he retired in 1993 seemed "reasonable" at first.

But CMS brought these administrative people back to St. Louis for orientation. "They came back with a 'corporate commitment' — that's a nice way of putting it — that they didn't have when they took the job," he said.

A Very Important Health issue.

Sept 2nd 2006

And Retaliation, of CMS staff members

RE: Sandra Stratton / Ashcraft + Jason Durnett, LPN, et al.
 Doctor staffing 8 doctors including ADC Board of
 corrections member et al De. John Lytle MD of Pine Bluff.

Dear Investigator,

Greetings Sir, my name is Tommy Henderson, ^{#93098} an inmate at ADC
 of ORCV. I was recently transferred from the Varner Unit to this unit.
 My ^① great toe was amputated by pure negligence, deliberate indifference,
 even medical malpractice, Delays, no rehabilitation, not even a plan or
 even physical therapy, not even follow ups on my tests or Dr's orders
 even ministering functions violations of nursing staff, failing to make
 sure that my medications are ordered so I don't run out, disciplinary
 functions violations of over charging inmates ^{#300} where nurses
 make statements that are false, writing what they want to say, even
 trying to protect their RN, LPN licenses by being clearly just a
 job ~~to~~ where a few do their jobs but others just want to get on
 the internet to play games, e-mail, pawn off to the next shift
 duties that make decisions that the infirmary manager Ms. Sandra
 Stratton / Ashcraft retaliating me for protecting my side and
 offer to inmates a "voice" by grievances of those who can not
 help themselves to get the help they need and have a right
 to have constitutional + civil ^①

②

Now, I had a Doctor on the street in Little Rock who was treating me for my medical issues that not only he took measurements and pictures but test, even a clear Nuclear Scan scan which was negative for damages in April or May of 2005. Even witness's both county and CMS staff at IDU (Intake) and Vanner Unit will testify in all courts how the issues of what my ① great toe went through by walking over 25,000 ft or so a week, for months, being assigned to Votech to walk even more, Did CMS protect me through this part of this time frame Oct 10th 2005 to April 2006? No, I have proof, and expert testimonies witness's and over 200 or so inmates who can also testify to this issue.

Even evidence of two ② clips of bone that came out of my ① foot back in March of 2006, my 70 over grievances + Informal's pending, giving "Notice w/ Intent to sue" on many grievances + Informal resolutions even U.S. Federal cases backing up my claim. Even other inmates who I have talked and worked with them without asking a "dime" to get the help for them that damages at their physical + mental issues have been failed and even dropped like in the closet to bring cob webs to there and my issues for serious medical and mental issues. Even violations of the Individuals with Disabilities Education Act of 1973 and the Rehabilitation Act of 1973, on services that CMS does not have.

③

As a Medical Doctor as Sir, not me but you, you are hired I see that when you took the Hippocratic Oath I hope you still honor that, but to see what these doctors don't and the issues of yet CMS just get their hand slapped and continue to do what they do? Even with the recent Mental Health contract with ADC, CMS where in the hell are they? How much more headache does us inmates have to go through to get some help here.

The old good buddy system, ADC, constantly violating color of Law in every aspect, All are held liable and the constitutional harm suffered were the result of official capacity. Then inmates like James Treadway ADC # 132680, in his incident at Varner. In which no cat scan, just x-rays on a skull fracture and those who did it to him, never got into trouble, and I got hurt for getting hurt and keeping a rape from even happening from a racist population and a Asst Warden Mr. Kim Luckett hating white persons, on inmates, but love to sexually harass females, getting DWI's Violating color of Law because he is Mr. Roy Hobbs relative and protect, protect, protect, well, I pray that Arkansas Democrat/Gazette wakes up and be our voice someday, someday in the

(4)

Forseeable future, Oh and by the way this letter is going to
 The Democrat and my Attorney's A major law firm, why? I
 already took down a police Dept in Arkansas years ago,
 and won because of a Internal, state, FBI. Investigation.
 over Color of law and other issues, With having a paper
 trail and "3" three pages of evidence. So my medical
 experts which I am putting together all over the United States
 on the way are not even getting enough shots Brelids in Febot
 2006, 5 days, The ANP recommended "long term care of this"
 and after my paper trail of Doctor #1, Doctor #2, Doctor #3
 Doctor #4, Doctor #5, Doctor #6, Doctor #7, Doctor #8
 The specialist Dr. John Little, I don't want to ever see
 him again. If I do, it's just a mother paper trail for
 my Attorney and medical expert witness to where I will
 win both ~~the~~ State & Federal claims. If they want to settle
 now with a large amount without going to court, Not just
 no pocket change, because my balance is off and still a
 central line in my chest I have had for 4 months now
 and no rehabilitation or therapy or even my request

⑤

of seeing another specialist not a general MD that CMS
 tried to give me before my amputation, That Doctor I
 had already seen back in Dec, He said I had no Infection,
 and If I did it why did my @ foot + @ great toe was extremely
 infected and The ANP who I may sue or may not sue yet
 But to where, another so called visit, which never happened
 in Jan, 2006, to where Feb 23rd I was sent to D&V Hospital
 Stayed there 2 1/2 days not because of needed bed space
 which I also questioned was sent to Cummins Infirmary
 where those staff members even had a hard time putting in the
 Anti Bodies in my wrist several times, I was placed in
 a 24/7 locked down room w/o a t.v, or even a telephone
 to call any one, How many inmates went through that and
 not unusual punishment, couldn't even get commissary or
 Envelopes or Paper, Isolation + Super max has that
 kind of treatment. Where the Ward at Prison was being
 used for Administration offices and not a Ward which by
 the state Board has it listed as, But yet no updates of
 the state Board licenses to have the infirmary up to date?

⑥

to her by closing of this letter and with your notice of to see what you will do here, time will tell, actions speaks louder than just sitting back and yes be busy of things of general alternatives of your duties, it would be nice if a Un basis Dept of the State was put in place or even a private sector or Federal placements all over the prisons as can advocate with the courts of a foreseeable remedy of a systematic program of the inadequacies in processing inmates complaints that are a legitimate reason to try to problem solving by a constitute deliberate indifference in alternatives, that, if inadequacies could be deemed policies, such policies were and are inadequate or that AOC's choice of policy was made deliberately or recklessly, ignoring its deficiencies,

Now I have two (2) Disciplinary names that I was found guilty of co nurse Johnn Bennett, who is working with Her boss ms Shattory a shcraft to write me up on the issues of my grievances and Warden Harris was to overturn them and he has not as of yet? I set my appeal to Mr. Gibson. Now I wait until

⑦

next State exhaustion to see if it will be overturned and all my punishment be reverse, modify to where there is no disciplines in my prison E-Units. Could you help or will you be another individual to add to the suit.

I have nothing to lose my foot may never be normal again, even what it looks like now. Pitchered and have a knot on the bottom of my foot that was met there my pidgeon toes with out something to keep them together yet and me patchy tape around them to where I can handle to put my socks, and cast boot or maybe some times a shoe that I have its 2 sizes to big, But its where I have no choice in what to where, I can't even use shower shoes to take a shower in, Can't ever get 10⁰⁰ sandals from Wal-Mart to use instead of the cast boot which is on the verge of wearing out at what cost to health? More than those 10⁰⁰ walmart shower shoes/sandals. Chrs by then? ADC to by then? Not So I close with this Matt dew 25:40 Then 46. James 1:44, Depression and O.C.D. setting in and Anxiety Attacks and exhaustion, I work if I could I'm not lazy, look at my work history at ADC, my no disciplines until now-

(8)

What about "good faith" here, "Intent or knowledge, preventative measures, Depriving my Liberty & Freedom, Risk or harm of losing more of my foot, maybe the whole foot. So many cases Particular intent or knowledge present, or Particular cases intent or knowledge not present But those still not being adequate treated, I have a population of those, even Diabetics, even the great so called Diet news that gives are H1C's a high level, where is the \$ that the state has to provide better food for us inmates for better quality, better rehabilitation and issues of other states providing better care, What's up with Arkansas, even our legislators getting their pockets full and still do wrong and haven't gotten caught yet of their duties that is against "Color of Law" even a unconstitutional issue of Act 350 of 2005, What about our children, where legislatures have can act of better quality of food and issues of protecting our future, we need to take care of ourselves now, Will you be the one to answer to that call? Respectfully submitted
Tony Henderson

ARKANSAS
DEPARTMENT OF CORRECTION

2nd Request Sick call
was never called on 1st one
by 1st nurse, I missed me

MSF-2020

Health Service Request Form

Name (Last, First, MI) Henderson Tommy	DC#: 93098	Date of Birth: 4/5/62	Barracks: 8	Date of Request: 9-8-06
---	------------	-----------------------	-------------	-------------------------

Job Assignment:

K0 #

Description of the problem:

Need new shoes Problems w/ both feet now
2nd Request of the 1st sick call had. I never got to go to, or called.
Diabetic nerve pain of my feet, my @ foot clumpst each time I get up
Limb & Bone told me that I need to see a foot doctor specialist,
my eye appointment of Refracting action, as my followups are dependent.

I consent to be treated by the Health Services Staff for the condition described:

Tommy Henderson

PLACE THIS SIGNATURE IN THE MEDICAL BOX OR DESIGNATED AREA IN THE TOP RIGHT CORNER OF THIS LINE

List Protocol(s) Below: NURSING OBSERVATION

1)

2)

3)

Subjective Data

Objective Data: BP:

Pulse:

Respirations:

Temperature:

Weight:

Assessment:

Plan by Nursing Care:

Body System Code: (from problem list)

Patient Education: ☐ Handout ☐ Verbal Instruction Topic:Refer to: ☐ Physician ☐ Mid-level ☐ Mental Health ☐ Dental ☐ Other: (List:

Signature:

Title:

Unit:

Date:

Time:

I understand that in accordance with Department of Corrections policy, I will be charged
for healthcare services through deductions of applicable co-payment charges from my resident
account, and that if I have insufficient funds to cover the charge, the amount of co-payment
will be set up as an outstanding debt.

Name:

ADC#:

Date of Birth:

SS#:

Inmate's Signature:

Date:

Arkansas Dept of Corrections
Request for Interview
North Central Unit

To: Warden / Records Designee

From: Tommy Henderson # 93098 10 Bks

RE: Review Institutional Jacket

Date: 9-18-06

Dear Sir,

My Request under AR 804 And A2 02 for Reviewing my institutional jacket is for a vital part of information for my criminal case of a state Habeas Corpus on grounds of I was incarcerated in 2003 And those records if possible my whole movement states as evidence showing movements, transfers, etc. Also information I need on the Interstate Detainees Act that my 6 months is up and I may need a copy of my motion for Kansas to get me so I can file a 28 USC § 2255.

Also another reason is for my civil cases on a issue of the recent transfers, so a copy of this movement status is vital, as an indigent inmate, please provide those copies at cost to the state, Moore vs State, where I have shown reasons for copies that need to be made

Respectfully Submitted
Tommy Henderson 93098

INFORMAL RESOLUTION FORM (Attachment 1)UNIT/CENTER NIU

PLEASE PRINT

Name Tracy Healden ADC# 93098 Brks 10 Job Assignment WardenIS THIS AN EMERGENCY SITUATION? YES ☒ NO ☐ If yes, why?Detention of Mr. Healden by guards 9-8-06

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. REPRISALS. If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Give a **BRIEF** statement of your complaint/concern. This statement must be specific as to the complaint, dates, places, personnel involved and how you were affected. One issue or incident per complaint form. Additional pages or forms will not be allowed.

On 9-8-06 Mr. Healden talked to me about an issue of mine & my grievances there, along with that I was told to him that I had a problem, which with the information from my needs which was not acted. After CPMS I was told that I was to attend on Tuesday and after I talked to Mr. Healden / Mr. Healden then answered my questions and then talked to Mr. Healden about the matter so I got transfer on 9-14-06

Inmate Signature Tracy HealdenDate 9-15-06**THIS SECTION TO BE FILLED OUT BY STAFF ONLY.****STAFF RECEIPT AND ACTION TAKEN**

PRINT STAFF NAME (PROBLEM SOLVER)

Staff Code

Staff Signature / Date Received

Was this deemed an emergency? Yes ☐ No ☐Was there a need to contact medical? Yes ☐ No ☐ If yes, give name of person contacted? _____

Describe action taken to resolve complaint, including dates. _____

Was issue resolved? Yes ☐ No ☐ Does inmate agree that issue was resolved? Yes ☐ No ☐

Staff Signature/Date

Inmate Signature/Date

DISTRIBUTION: YELLOW – Inmate Receipt

(AFTER COMPLETION) PINK – Problem Solver Copy

BLUE – Grievance Officer

ORIGINAL – Given back to the Inmate After Completion

810-00

Notice Informal

Copy to Larry Norner
Copy to Ray Hobbs

INFORMAL RESOLUTION FORM (Attachment 1)

UNIT/CENTER NCH

PLEASE PRINT Name Tammy Henderson ADC# 93096 Brks 10 Job Assignment Unassigned

IS THIS AN EMERGENCY SITUATION? YES ☐ NO ☒ If yes, why? Retained and transfer because Varner contacted ORCA

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Give a **BRIEF** statement of your complaint/concern. This statement must be specific as to the complaint, dates, places, personnel involved and how you were affected. One issue or incident per complaint form. Additional pages or forms will not be allowed.

On 9-8-06 Asi Warden Hupple called for me in his office about something of informal and grievances that I just wrote on Varner because they transferred me due to my address of grievances and the ones I filed on Varner CMS, I have witnesses both CMS staff and inmates, in which I have names and addresses of a three that will testify on local a nurse and Vicki Valachi and William Henry. The nurse will be contacted under court because of her job and the information for her I will give to internal affairs and my federal attorney. She has a sexual harassment charges with Mr. Kim Buckett, so with them calling Mr. Hupple he moves me 9-14-06

Tammy Henderson
Inmate Signature

9-13-06
Date

THIS SECTION TO BE FILLED OUT BY STAFF ONLY.

STAFF RECEIPT AND ACTION TAKEN

PRINT STAFF NAME (PROBLEM SOLVER)

Staff Code

Staff Signature / Date Received

Was this deemed an emergency? Yes ☐ No ☐

Was there a need to contact medical? Yes ☐ No ☐ If yes, give name of person contacted? _____

Describe action taken to resolve complaint, including dates _____

Was issue resolved? Yes ☐ No ☐ Does inmate agree that issue was resolved? Yes ☐ No ☐

Staff Signature/Date

Inmate Signature/Date

DISTRIBUTION: YELLOW - Inmate Receipt

(AFTER COMPLETION) PINK - Problem Solver Copy

BLUE - Grievance Officer

ORIGINAL - Given back to the Inmate After Completion

810-00

No. 1 a 'informal' resolution

NCU

Name Henry Hernandez ADC# 93098 Brks 10 Job Assignment CRD 12/20/06

IS THIS AN EMERGENCY SITUATION? YES ☒ NO ☐ If yes, why? Relaxation of provisions of Varner and Johnson Act

~~emergencies. You will be given a copy of this receipt by the designated problem-solving staff. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden. - Write also - Write letter to Sue -~~

At 1: Lacey May! . . . This noticed - went to see
transferred on 8-30. Ob from Lacey to OCU
by from det. Warden Kim Lockpits conversation with

Mr. ~~Carl~~ Sandra S. Sutton, J. R. H. A. 11 of
Vainey to have me moved transferred parcel of my

Write of letter re: and queries as they also given to (5)
Begin this cylinder on 8-10-66, 9-14-66, for class IV
and 60 days of, whatever. I've approved, now Mr. G. person mail.

Amy Nelson

Inmate Signature

9-5-06

Date _____

STAFF RECEIPT AND ACTION TAKEN

PRINT STAFF NAME (PROBLEM SOLVER)

Staff Code

Staff Signature / Date Received

Was this deemed an emergency? Yes No

Was there a need to contact medical? Yes _____ No _____ If yes, give name of person contacted?

Describe action taken to resolve complaint, including dates:

Was issue resolved? Yes No Does inmate agree that issue was resolved? Yes No

Staff Signature/Date

~~Inmate Signature/Date~~

DISTRIBUTION: YELLOW – Inmate Receipt

(AFTER COMPLETION) PINK – Problem Solver Copy

BLUE – Grievance Officer

ORIGINAL – Given back to the Inmate After Completion

810-00

INFORMAL RESOLUTION FORM (Attachment 1)UNIT/CENTER NCU

PLEASE PRINT

Name Tommy Hedgum ADC# 9309B Brks 10 Job Assignment Law ClerkIS THIS AN EMERGENCY SITUATION? YES ☒ NO ☐ If yes, why? _____

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Give a **BRIEF** statement of your complaint/concern. This statement must be specific as to the complaint, dates, places, personnel involved and how you were affected. One issue or incident per complaint form. Additional pages or forms will not be allowed.

Since this unit still don't have the T.V.s in the BKS and the terms matter, since I'm a maintenance man and I installed holovers when it opened in 2003 and all the holovers live and computer down along with the D. Smith of Cummings. If NCU does not have a direct order I should be glad to do the job, complete it and put in jackets in the benches, even remove the inc. I should be given the location. — Look for relocation here if and when I request it. The T.V.s that was bought is in the Lt. rather house. I'm what another maintenance worker who put them in the house. So I'm notice to you that I will file paper work by Oct 23, 2006

Tommy Hedgum
Inmate Signature

9.15-06
Date

THIS SECTION TO BE FILLED OUT BY STAFF ONLY.**STAFF RECEIPT AND ACTION TAKEN**

PRINT STAFF NAME (PROBLEM SOLVER)

Staff Code

Staff Signature / Date Received

Was this deemed an emergency? Yes ☐ No ☐Was there a need to contact medical? Yes ☐ No ☐ If yes, give name of person contacted? _____

Describe action taken to resolve complaint, including dates. _____

Was issue resolved? Yes ☐ No ☐ Does inmate agree that issue was resolved? Yes ☐ No ☐

Staff Signature/Date

Inmate Signature/Date

DISTRIBUTION: YELLOW – Inmate Receipt

(AFTER COMPLETION) PINK – Problem Solver Copy

BLUE – Grievance Officer

ORIGINAL – Given back to the Inmate After Completion

810-00

GRIEVANCE FORM - (Attachment 1A)

FOR OFFICE USE ONLY

UNIT/CENTER

Maveron Unit

Grv. #

Date Received

Grievance Code:

PLEASE PRINT

Name

Tommy Henderson

ADC#

93098

Brks

8

Job Assignment

BU

IS THIS GRIEVANCE A MEDICAL GRIEVANCE? Yes

No

Wendy Kelly

All complaints/concerns should first be handled informally before proceeding to the formal grievance procedure.

THE ORIGINAL INFORMAL RESOLUTION FORM MUST BE ATTACHED**Informal Action Taken**

Have you discussed this problem with your designated problem-solver? Yes

No

If yes, give date

Why do you feel the informal resolution was unsuccessful?

Do I have merit now??
Notice to ADC
Intent to SUEPlease give a **BRIEF**, clear statement of your grievance. This statement must be specific as to the complaint, **dates**, places, personnel involved, how **you** were affected and what you want to resolve the issue. **One issue** or incident per grievance. Additional pages or forms will **not** be allowed and if attached, will result in the automatic rejection of this grievance without content review.Wendy Kelly: You can see that I have
been retaliated. By Ms. Stratton/Asst. Warden
She had one of her nurses to write me
up, Now in Class IV. loss 60 day 97
and she had MR. Lockett send me away
violating my American Disability Act
and Individuals Education Act I will SUEIS THIS AN EMERGENCY SITUATION? YES ☒ NO ☐ If yes, why?Get me back to Varner ASAP!
(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any officer or department employee who shall sign the attached emergency receipt, give you the receipt and deliver it without undue delay to the ARO, the Warden/Center Supervisor or, in their absence, to the Unit/Center Assistant Warden. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

INMATE SIGNATURE

DATE

(TO BE FILLED OUT BY THE RECEIVING OFFICER)

RECEIPT FOR EMERGENCY SITUATIONS

OFFICER (Please Print)

Signature

FROM WHICH INMATE?

ADC#

DATE:

TIME:

GRIEVANCE FORM - (Attachment 1A)

FOR OFFICE USE ONLY

UNIT/CENTER

Vanner / OCU Hospital

Grv. # VU-06-00222Date Received 4-26-06Grievance Code: 600

PLEASE PRINT

Name Tommy Henderson ADC# 93098 Brks 15 Job Assignment Vo-tachIS THIS GRIEVANCE A MEDICAL GRIEVANCE? Yes L No Exhibit # 1*****
All complaints/concerns should first be handled informally before proceeding to the formal grievance procedure.**THE ORIGINAL INFORMAL RESOLUTION FORM MUST BE ATTACHED****Informal Action Taken**Have you discussed this problem with your designated problem-solver? Yes ✓ No If yes, give date 4-16-06Why do you feel the informal resolution was unsuccessful? No, opinion between Dr Ahmed
Ansulew Exhibit #1 Informal Resolution statements were not
by the Dr where not answered through proper channels of the
medical procedures, Answer Dr. Ahmed gave was not a true statement
*****Please give a **BRIEF**, clear statement of your grievance. This statement must be specific as to the complaint, dates, places, personnel involved, how you were affected and what you want to resolve the issue. **One issue** or incident per grievance. Additional pages or forms will **not** be allowed and if attached, will result in the automatic rejection of this grievance without content review.

On 4-16-06 Exhibit #1 informal Resolution complaint was giving federal, state "notice to intent to sue" Dr Ahmed for delay of treatment, medical malpractice, un reasonable medical care, medical negligence, on his part from Oct 17th of 05 to 4-16-06 on his decisions of how, what kind of treatment he was going to treat me. Dr Hebbard has gone the extra mile helping me with my medical problems. She could only do what she is allowed to do as a ANP. My Big toe on my left foot is gone now, yes, It could have been saved if I had better decisions of the reason's above. Yes, Records will bring a puzzle together why the lack of the above reasons. My informal Resolutions are in my property, at Vanner not OCU.

IS THIS AN EMERGENCY SITUATION? YES NO If yes, why? (An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any officer or department employee who shall sign the attached emergency receipt, give you the receipt and deliver it without undue delay to the ARO, the Warden/Center Supervisor or, in their absence, to the Unit/Center Assistant Warden. **REPRISALS:** If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.Tommy Henderson
INMATE SIGNATURERECEIVED
OFFICE OF THE
INVESTIGATORDATE 4-22-06

(TO BE FILLED OUT BY THE RECEIVING OFFICER)

RECEIPT FOR EMERGENCY SITUATIONSOFFICER (Please Print) HEALTH SECTIONAL PROGS.FROM WHICH INMATE? AR DEPT. OF CORRECTION ADC# DATE: TIME:

INFORMAL RESOLUTION FORM (Attachment 1)

Exhibit # 1

UNIT/CENTER

Varner

medical

PLEASE PRINT

Name

Tommy Henderson

ADC#

93098

Brks

15

Job Assignment

No tech.

IS THIS AN EMERGENCY SITUATION? YES ☐ NO ☒

If yes, why?

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Give a **BRIEF** statement of your complaint/concern. This statement must be specific as to the complaint, **dates**, places, personnel involved and how **you** were affected. **One issue** or incident per complaint form. Additional pages or forms will **not** be allowed.

On 4-15-06 @ I Tommy Henderson #93098 gave Dr. Ahmed medical Director of CMS & Varner unit notice Intent to sue - for unreasonable care, medical-negligence, delay of treatment for my left Big toe where Diabetic Ulcer + infection for long periods, walking on it, failing to protect the wound and foot from infections, failing to give adequate periods for necessary I.V.'s. From Dates 10-17-05 to this Date 4-15-06, no pain medication, has only treated me with High Blood pressure meds and Insulin, continuance from previous orders of free world Drs, I have a medical history, failing to retrieve medical Records I gave to him to prove history. Decision he did not want them.

Tommy Henderson

Inmate Signature

4-15-06

Date

THIS SECTION TO BE FILLED OUT BY STAFF ONLY.**STAFF RECEIPT AND ACTION TAKEN**

PRINT STAFF NAME (PROBLEM SOLVER)

Staff Code

Staff Signature / Date Received

Was this deemed an emergency? Yes ☐ No ☐Was there a need to contact medical? Yes ☐ No ☐ If yes, give name of person contacted?

Describe action taken to resolve complaint, including dates.

Dr. Ahmed
T. Henderson is getting treatment for his toe

Was issue resolved? Yes ☒ No ☐Does inmate agree that issue was resolved? Yes ☐ No ☒

Staff Signature/Date

4/16/06

RECEIVED
OFFICE OF THE
INVESTIGATOR

Inmate Signature/Date

Tommy Henderson 4/16/06

DISTRIBUTION: YELLOW - Inmate Receipt

(AFTER COMPLETION) PINK - Problem Solver Copy

BLUE - Grievance Officer

ORIGINAL - Given back to the inmate after completion

810-00

JUL 05 2006
HEALTH SERVICES
AIRPORT OF CONNECTICUT

GRIEVANCE ACKNOWLEDGEMENT

TO: Inmate Henderson, Tommy

ADC #: 093098D

FROM: Rochelle, Tammy K

TITLE: Grievance Officer

RE: Notification of Grievance Received.

GRIEVANCE #: VU-06-00222

DATE: 04/26/2006

Please be advised, I have received your Grievance dated 04/22/2006 on 04/26/2006

You will receive communication from this office regarding the Grievance by 05/24/2006

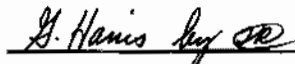


Signature of Grievance Officer/ARO

CHOOSE ONE OF THE FOLLOWING

- ☒ This Grievance is of a medical nature and has been forwarded to the infirmary staff.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.

- This Grievance has been determined to not be an emergency situation because you would not be
- ☐ subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.



Warden/Center Supervisor's
Signature

Deputy/Assistant Director or
Director's Signature

RECEIVED
OFFICE OF THE
INVESTIGATOR

JUL 05 2006

HEALTH & CORRECTIONAL PROGS.
AR DEPT. OF CORRECTION

INMATE NAME: Henderson, Tommy ADC #: 093098D GRIEVANCE #: VU-06-00222

WARDEN'S/CENTER SUPERVISOR'S DECISION

I have determined that your grievance is a medical matter. I have forwarded your grievance to the Medical Administrator who will provide a written response, and/or will interview you within twenty working days of the date I received your grievance. Should you receive no response within this time frame, or the response that you received is unsatisfactory, you may appeal to the Deputy Director for Health and Correctional Programs. If you have medical needs that you believe are urgent, put in a Sick Call Request, or send a Request for an interview to the Medical Administrator.

Wade G. Hamilton Assistant Director 4/27/06
Signature of ARO or Title Date
Warden's/Supervisor's Designee

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five days by filling in the information requested below and mailing it to the appropriate Deputy/Assistant Director. Keep in mind that you are appealing the decision to the original complaint. Do not list additional issues which are not part of your complaint.

WHY DO YOU NOT AGREE WITH THE RESPONSE? *With the problem solver who signed the informal resolution form failed to properly give the medical problem solver the chance to investigate this issue Ms. McCarthy / medical problem solver. The response was from the doctor himself, therefore his opinion was his opinion. Even the staff receipt was not properly printed and staff code placed at the bottom of the receipt. That improper policies was done according to AD-04-01. Medical failed to communicate*
Tommy Henderson 93098 5-25-05
Inmate Signature ADC# Date

~~The informal resolution was returned from the inmate unit.~~

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INVESTIGATOR

JUL 05 2006

HEALTH & CORRECTIONAL PROGS.
AR DEPT. OF CORRECTION

ACKNOWLEDGMENT OF GRIEVANCE

TO: Inmate Henderson, Tommy ADC# 93098 Unit Varner Unit

FROM: Wendy Kelley, Deputy Director

RE: Receipt of Grievance VU06-00222

DATE: June 6, 2006

Please be advised, the appeal of your grievance dated 4/22/06
was received in my office on this date 6/2/06

You will receive a response from this office by _____

OR

☐ This grievance is being returned to you because the time allowed for appeal has expired

☒ This grievance is being returned to you because you have not attached

☐ the informal resolution (Attachment 1)

☐ the original grievance form (Attachment 1a)

☐ the Warden's/Center Supervisor's Decision (Attachment 2)

☒ the Infirmary Response and/or the Mental Health Response

☐ a clear statement of appeal (Back of Attachment 2)

Return your grievance with the checked items if you wish to continue the appeal process.

information inclosed attached

RECEIVED
OFFICE OF THE
INVESTIGATOR

JUL 05 2006

HEALTH & CORRECTIONAL PROGS.
AR DEPT. OF CORRECTION

ACKNOWLEDGMENT OF GRIEVANCE

TO: Inmate Henderson, Tommy ADC# 93098 Unit Varner

FROM: Wendy Kelley, Deputy Director

RE: Receipt of Grievance VU06-00222

DATE: July 9, 2006

Please be advised, the appeal of your grievance dated 4/22/06
was received in my office on this date 7/5/06

You will receive a response from this office by 8/15/06

OR

☐ This grievance is being returned to you because the time allowed for appeal has expired

☐ This grievance is being returned to you because you have not attached

☐ the informal resolution (Attachment 1)

☐ the original grievance form (Attachment 1a)

☐ the Warden's/Center Supervisor's Decision (Attachment 2)

☐ the Infirmary Response and/or the Mental Health Response

☐ a clear statement of appeal (Back of Attachment 2)

Return your grievance with the checked items if you wish to continue the appeal process.

CMS GRIEVANCE RESPONSE

Page 1 of 1

CMS GRIEVANCE RESPONSE

GRIEVANCE#: VU-06-00222

INMATE: Henderson, Tommy	ADC#: 093098	DOB: 08/05/1962
Facility: Diagnostic Hospital [D02]		Barracks: HOSP
Grv. Date: 04/26/2006	Date Infirmary Recd: 05/05/2006	Response Date: 05/24/2006

Interview: Required ☐ Deferred ☒**Inmate's Complaints: (Code:)**

Denial of Treatment (601) Dr Ahmed has delayed medical treatment on my left big toe from 10/17/05 to 4/16/06.

Responses:

According to ADC policy AR-1835 AD-9708 you have 15 days from the incident to grieve an issue. You are stating that there was medical negligence on Dr. Ahmed part, from the time of 10/17/05 to 4/16/06. In reviewing your medical record, it indicates that you are a diabetic and have been treated for complaints of Diabetic ulcer on left great toe. You have been seen on numerous time by different physicians, from the time of your incarceration of Oct 05 up until April of 06. You were seen by Dr. Scott on 3/21/06 at DGU for second opinion of the left great toe. His recommendations were a Bone Scan and Orthopedic clinic. You were scheduled on 3/31/06 for Bone Scan of the left great toe. You were seen on Ortho Clinic 4/05/06 by Dr. Lytle for left great toe. His recommendation was surgery, to amputate the left great toe. You were seen by Dr. Ahmed on 4/17/06 for follow up care of left great toe ulcer. You stated that you didn't want the surgery, and that you wanted a early release to be treated in the free world. It was explained to you that you needed to go to DGU for further management of condition since you didnt want surgery as recommended by Dr. Lytle. You refused to go to DGU and left the Infirmary, with refusing to sign MSF 206. On 4/19/06 you agreed to have the surgery. You were NPO on 4/19/06 for surgery of the left great toe on 4/20/06. You are currently being housed at DGU Hospital for further treatment.

Recommendations:

Review ADC policy AR-1835 AD-9708

Laura M. Early Lt. Sheriff H&C 5/24/06

Responding Staff

Date

Follow Up Required?: Yes ☐ No ☒

RECEIVED
OFFICE OF THE
INVESTIGATOR

JUL 05 2006

HEALTH & CORRECTIONAL PROGS.
AR DEPT. OF CORRECTION

CMS GRIEVANCE RESPONSE

GRIEVANCE#: VU-06-00222

INMATE: Henderson, Tommy	ADC#: 093098	DOB: 08/05/1962
Facility: Diagnostic Hospital [D02]	<i>wrong place</i>	Barracks: HOSP
Grv. Date: 04/26/2006	Date Infirmary Recd: 05/05/2006	Response Date: 05/24/2006

Interview: Required ☐ Deferred ☒

Inmate's Complaints: (Code:)

Denial of Treatment (601) Dr Ahmed has delayed medical treatment on my left big toe from 10/17/05 to 4/16/06.

Responses:

According to ADC policy AR-1835 AD-9708 you have 15 days from the incident to grieve an issue. You are stating that there was medical negligence on Dr. Ahmed part, from the time of 10/17/05 to 4/16/06. In reviewing your medical record, it indicates that you are a diabetic and have been treated for complaints of Diabetic ulcer on left great toe. You have been seen on numerous time by different physicians, from the time of your incarceration of Oct 05 up until April of 06. You were seen by Dr. Scott on 3/21/06 at DGU for second opinion of the left great toe. His recommendations were a Bone Scan and Orthopedic clinic. You were scheduled on 3/31/06 for Bone Scan of the left great toe. You were seen on Ortho Clinic 4/05/06 by Dr. Lytle for left great toe. His recommendation was surgery, to amputate the left great toe. You were seen by Dr. Ahmed on 4/17/06 for follow up care of left great toe ulcer. You stated that you didn't want the surgery, and that you wanted a early release to be treated in the free world. It was explained to you that you needed to go to DGU for further management of condition since you didnt want surgery as recommended by Dr. Lytle. You refused to go to DGU and left the Infirmary, with refusing to sign MSF 206. On 4/19/06 you agreed to have the surgery. You were NPO on 4/19/06 for surgery of the left great toe on 4/20/06. You are currently being housed at DGU Hospital for further treatment.

Recommendations:

Review ADC policy AR-1835 AD-9708

Laura M. Eary Lt. J. Ashcraft/HSA 5/24/06
Responding Staff

Date

*Forged
different
date*Follow Up Required?: Yes ☐ No ☒RECEIVED
OFFICE OF THE
INVESTIGATOR

JUL 17 2006

HEALTH & CORRECTIONAL PROGS.
AR DEPT. OF CORRECTION

Back of Attachment II

INMATE NAME Henderson, Tommy ADC 93098 GRIEVANCE VU06-00220-²¹²

DEPUTY/ASSISTANT DIRECTOR'S DECISION

You grieve that Dr. Ahmed failed to provide appropriate medical treatment for a diabetic ulcer on your left great toe that resulted in amputation.

This is a duplicate of your previous grievances against CMS physicians and members of the medical staff. See my responses to those appeals.

I find nothing to indicate that treatment has been delayed or denied concerning the diabetic ulcer on your toe. This ulcer was present when you were incarcerated and CMS physicians continued the perviously recommended treatment.

This is a duplicate appeal and your appeal has no merit.


WENDY KELLEY, DEPUTY DIRECTOR

8/4/06
DATE

Please be advised that if you appeal this decision to the U. S. District Court a copy of this Deputy/Assistant Director must be attached to any petition or complaint or the Court must dismiss your case without notice. You shall also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

GRIEVANCE FORM - (Attachment 1A)

Exhibit # 2

FOR OFFICE USE ONLY

UNIT/CENTER

Vanner / DCA Hospital

Grv. #

VA-06-0223

Date Received

4-26-06

Grievance Code:

600

PLEASE PRINT

Name

Tommy Henderson

ADC#

93098

Brks

15

Job Assignment

No Tech

IS THIS GRIEVANCE A MEDICAL GRIEVANCE?

Yes

No

Exhibit #2

All complaints/concerns should first be handled informally before proceeding to the formal grievance procedure.

THE ORIGINAL INFORMAL RESOLUTION FORM MUST BE ATTACHED

Informal Action Taken

Have you discussed this problem with your designated problem-solver? Yes ☒ No ☐ If yes, give date 4-16-06

Why do you feel the informal resolution was unsuccessful? No, Dr. Ahmed's answer to the informal resolution was not properly answered thru CMS policy. Problem solver went to Dr. Ahmed, not going through proper channels thru medical solver, Ms. McCarty.

Please give a **BRIEF** clear statement of your grievance. This statement must be specific as to the complaint, **dates**, places, personnel involved, how **you** were affected and what you want to resolve the issue. **One issue** or incident per grievance. Additional pages or forms will **not** be allowed and if attached, will result in the automatic rejection of this grievance without content review.

On 4-16-06 Exhibit #2, informal resolution statement of complaint was requesting a 2nd opinion from my regular Dr. Alex Dellinger from LR. I was wanting to get his opinion of my status of my medical problem. My Left Big toe, Dr. Dellinger is the 1st Dr who looked and cared for my Diabetic Ulcer. He took me by the utmost care available. My foot was healing real good and no Bone Damage in my foot period. Since Oct 10th of 05 the problem has gotten worse because Dr. Ahmed, Dr. Anderson, Dr. Scott others, as a foreseeable intent to sue also. My original informal resolution is in my property back at Vanner unit, because I now I was on a med apt, on gate pass, turn into transfer. I have no property.

IS THIS AN EMERGENCY SITUATION? YES ☐ NO ☐ If yes, why?

(An emergency situation is one in which you may be subject to a substantial physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any officer or department employee who shall sign the attached emergency receipt, give you the receipt and deliver it without undue delay to the ARO, the Warden/Center Supervisor or, in their absence, to the Unit/Center Assistant Warden. REPRISALS. If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Tommy Henderson

INMATE SIGNATURE

DATE

(TO BE FILLED OUT BY THE RECEIVING OFFICER)

RECEIPT FOR EMERGENCY SITUATIONS

OFFICER (Please Print)

Signature

FROM WHICH INMATE?

HEALTH & CORRECTIONAL PROGS
AR DEPT. OF CORRECTION

ADC#

DATE:

TIME:

INVEST
JUL 05 2006
810-00
HEALTH & CORRECTIONAL PROG
AR DEPT. OF CORRECTION

GRIEVANCE ACKNOWLEDGEMENT

TO: Inmate Henderson, Tommy

ADC #: 093098D

FROM: Rochelle, Tammy K

TITLE: Grievance Officer


RE: Notification of Grievance Received.

GRIEVANCE #: VU-06-00223

DATE: 04/26/2006

Please be advised, I have received your Grievance dated 04/22/2006 on 04/26/2006

You will receive communication from this office regarding the Grievance by 05/24/2006



Signature of Grievance Officer/ARO

CHOOSE ONE OF THE FOLLOWING

- ☒ This Grievance is of a medical nature and has been forwarded to the infirmary staff.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.

- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.



Warden/Center Supervisor's
Signature

RECEIVED
OFFICE OF THE
INVESTIGATOR

JUL 05 2006

HEALTH & CORRECTIONAL PROGS.
AR DEPT. OF CORRECTION

Deputy/Assistant Director or
Director's Signature

RECEIVED
OFFICE OF THE
INVESTIGATOR

JUN 02 2006

HEALTH & CORRECTIONAL PROGS.
AR DEPT. OF CORRECTION

INMATE NAME: Henderson, Tommy ADC #: 093098D GRIEVANCE #: VU-06-00223

WARDEN'S/CENTER SUPERVISOR'S DECISION

I have determined that your grievance is a medical matter. I have forwarded your grievance to the Medical Administrator who will provide a written response, and/or will interview you within twenty working days of the date I received your grievance. Should you receive no response within this time frame, or the response that you received is unsatisfactory, you may appeal to the Deputy Director for Health and Correctional Programs. If you have medical needs that you believe are urgent, put in a Sick Call Request, or send a Request for an interview to the Medical Administrator.

Warden G. Harris / and K. Sh
Signature of ARO or
Warden's/Supervisor's Designee

Adm. Warden
Title

4/22/06
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five days by filling in the information requested below and mailing it to the appropriate Deputy/Assistant Director. Keep in mind that you are appealing the decision to the original complaint. Do not list additional issues which are not part of your complaint.

WHY DO YOU NOT AGREE WITH THE RESPONSE? *This issue was a medical matter, the problem solver should have forwarded the informal resolution to medical problem solver not vent to the doctor himself, Policies and procedures of AD-04-01 were not followed therefore, Dr. Sankel's opinion was his opinion not what was investigated by the medical problem solver ms. McCarty. nor was there the medical administrator's response to this grievance as shown by the grievance officer*

Tommy Henderson
Inmate Signature

93098
ADC#

5-25-06
Date

It was the informal resolution form attached to the grievance or a copy of it.

RECEIVED
OFFICE OF THE
INVESTIGATOR

JUL 05 2006

RECEIVED
OFFICE OF THE
INVESTIGATOR

JUN 02 2006

HEALTH & CORRECTIONAL PROGS.
AR DEPT. OF CORRECTION

HEALTH & CORRECTIONAL PROGS.
AR DEPT. OF CORRECTION

GRIEVANCE#: VU-06-00223

HEALTH & CORRECTIONAL PROGS.
AR DEPT. OF CORRECTION

ACKNOWLEDGMENT OF GRIEVANCE

TO: Inmate Henderson, Tommy ADC# 93098 Unit Varner

FROM: Wendy Kelley, Deputy Director

RE: Receipt of Grievance VU06-00223

DATE: July 9, 2006

Please be advised, the appeal of your grievance dated 4/22/06
was received in my office on this date 7/5/06

You will receive a response from this office by 8/15/06

OR

☐ This grievance is being returned to you because the time allowed for appeal has expired

☐ This grievance is being returned to you because you have not attached

- ☐ the informal resolution (Attachment 1)
- ☐ the original grievance form (Attachment 1a)
- ☐ the Warden's/Center Supervisor's Decision (Attachment 2)
- ☐ the Infirmary Response and/or the Mental Health Response
- ☐ a clear statement of appeal (Back of Attachment 2)

Return your grievance with the checked items if you wish to continue the appeal process.

Back of Attachment II

INMATE NAME Henderson, Tommy ADC 93098 GRIEVANCE VU06-00223

DEPUTY/ASSISTANT DIRECTOR'S DECISION

This grievance exceeds the time frame for appeal to my office.

The CMS staff and my office have addressed the same complaints numerous times in other grievances and appeals. No further investigation is needed.

This appeal has no merit.


WENDY KELLEY, DEPUTY DIRECTOR

8/4/06
DATE

Please be advised that if you appeal this decision to the U. S. District Court a copy of this Deputy/Assistant Director must be attached to any petition or complaint or the Court must dismiss your case without notice. You shall also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

GRIEVANCE FORM - (Attachment 1A)

Exhibit #4
(1)UNIT/CENTER Varner / D&U Hospital

FOR OFFICE USE ONLY

Grv. # VSM-06-01079Date Received 6-1-06Grievance Code: 600

PLEASE PRINT

Name Tommy HendersonADC# 93098Brks 3BJob Assignment UnassignedIS THIS GRIEVANCE A MEDICAL GRIEVANCE? Yes X No

All complaints/concerns should first be handled informally before proceeding to the formal grievance procedure.

THE ORIGINAL INFORMAL RESOLUTION FORM MUST BE ATTACHED

Informal Action Taken

Have you discussed this problem with your designated problem-solver? Yes X No If yes, give date 4-15-06

Why do you feel the informal resolution was unsuccessful? Someone took the resolution on 4-15-06
never returned or forward my resolutions in the timely manner.
Varner Infirmary has never forward the issue to me while I'm here
at D&U Hospital since April 20th of 2006 to present.

Please give a **BRIEF**, clear statement of your grievance. This statement must be specific as to the complaint, dates, places, personnel involved, how you were affected and what you want to resolve the issue. One issue or incident per grievance. Additional pages or forms will not be allowed and if attached, will result in the automatic rejection of this grievance without content review.

*Just got my property home today 5-1-06
On 4-15-06 I have notice to Intent to sue Dr. Ahmed of Varner
medical director, for the statement I claimed in Exhibit #4
which I do not have the original resolution as I mentioned above.
From the complaint of my medical issues I feel as though I
have been given a deliberate indifference of a Dr's Decision's to
treat me in a unqualified and unskilled and trained specialist
for treating my diabetic Ulcer on my left foot from the dates
of 10-17-05 to 4-15-06. Also not sending me to the facility
other than D&U for more treatments of IV antibiotics that
I clearly needed plus no blood drawn for what levels I needed
to give a more indepth knowledge of what I need.

IS THIS AN EMERGENCY SITUATION? YES NO X If yes, why? RECEIVED
OFFICE OF THE
INVESTIGATOR

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any officer or department employee who shall sign the attached emergency receipt, give you the receipt and deliver it without undue delay to the ARO, the Warden/Center Health & Correctional Progs. Unit/Center Assistant Warden. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Tommy Henderson
 INMATE SIGNATURE

RECEIVED
OFFICE OF THE
INVESTIGATOR

5-1-06 @ 8:05pm
 DATE

(TO BE FILLED OUT BY THE RECEIVING OFFICER)

JUL 05 2006

RECEIPT FOR EMERGENCY SITUATIONS
 HEALTH & CORRECTIONAL PROGS.
 AR DEPT. OF CORRECTION

RECEIVED
5/2/06
OUT TO R#

OFFICER (Please Print) FROM WHICH INMATE? ADC# DATE: TIME:

PLEASE PRINT.....

Name _____ ADC# _____ Brks _____ Job Assignment _____

IS THIS AN EMERGENCY SITUATION? YES NO *For answer a yes* If yes, why? _____

Date _____

THIS SECTION TO BE FILLED OUT BY STAFF ONLY.

STAFF RECEIPT AND ACTION TAKEN

PRINT STAFF NAME (PROBLEM SOLVER)

Staff Code

Staff Signature / Date Received

Was this deemed an emergency? Yes _____ No _____

Was there a need to contact medical? Yes _____ No _____ If yes, give name of person contacted?

Describe action taken to resolve complaint, including dates.

Describe action taken to resolve complaint, including dates. Doctor advised that I was
not injured and is getting treatment for my foot

Was issue resolved? Yes ☒ No ☐

Does inmate agree that issue was resolved? Yes No

RECEIVED
OFFICE OF THE
INVESTIGATOR

DISTRIBUTION YELLOW - Inmate Receipt

AUG 01 2006

(AFTER COMPLETION) PINK – Problem Solver Copy
HEALTH & CORRECTIONAL PROGS. ORIGINAL – Given back to the
AR DEPT. OF CORRECTION

BLUE ~ Grievance Officer

ORIGINAL – Given back to the inmate After Completion

RECEIVED
OFFICE OF THE
INVESTIGATOR

810-00

JUL 05 2006

CMS GRIEVANCE RESPONSE

GRIEVANCE#: VSM06-01079

INMATE: Henderson, Tommy	ADC#: 093098	DOB: 08/05/1962
Facility: Varner Unit [F01]		Barracks: BK15
Grv. Date: 06/01/2006	Date Infirmary Recd: 06/15/2006	Response Date: 06/22/2006

Interview: Required ☒ Deferred ☐

Inmate's Complaints: (Code:)

Denial of Treatment (601) Dr. Ahmed has delayed medical treatment on my big toe from 10/17/05 till 4/15/06.9(Dupilcate VU-06-00341)

Responses:

According to ADC policy AR-1835 AD-9708 you have 15 days from the incident to grieve an issue. You are stating that there was medical negligence on Dr. Ahmed part, from the time of 10/17/05 to 4/16/06. In reviewing your medical record, it indicates that you are a diabetic and have been treated for complaints of Diabetic ulcer on left great toe. You have been seen on numerous time by different physicians, from the time of your incarceration of Oct 05 up until April of 06. You were seen by Dr. Scott on 3/21/06 at DGU for second opinion of the left great toe. His recommendations were a Bone Scan and Orthopedic clinic. You were scheduled on 3/31/06 for Bone Scan of the left great toe. You were seen on Ortho Clinic 4/05/06 by Dr. Lytle for left great toe. His recommendation was surgery, to amputate the left great toe. You were seen by Dr. Ahmed on 4/17/06 for follow up care of left great toe ulcer. You stated that you didn't want the surgery, and that you wanted a early release to be treated in the free world. It was explained to you that you needed to go to DGU for further management of condition since you didnt want surgery as recommended by Dr. Lytle. You refused to go to DGU and left the Infirmary, with refusing to sign MSF 206. On 4/19/06 you agreed to have the surgery. You were NPO on 4/19/06 for surgery of the left great toe on 4/20/06. You are currently being housed at DGU Hospital for further treatment. You are currently being given adequate Post OP Care of the amputated great toe, and mobile by wheelchair until further orders are received. If you have any further issues please submit a request for interview.

Recommendations:

Reveiw ADC policy AR -1835 AD-9708 —



Responding Staff



Date
Follow Up Required?: Yes ☐ No ☒

RECEIVED
OFFICE OF THE
INVESTIGATOR

JUL 17 2006

HEALTH & CORRECTIONAL PROGS
AR DEPT. OF CORRECTIONS

INMATE NAME: Henderson, Tommy ADC #: 093098D GRIEVANCE #: VSM06-01079

WARDEN'S/CENTER SUPERVISOR'S DECISION

I have determined that your grievance is a medical matter. I have forwarded your grievance to the Medical Administrator who will provide a written response, and/or will interview you within twenty working days of the date I received your grievance. Should you receive no response within this time frame, or the response that you received is unsatisfactory, you may appeal to the Deputy Director for Health and Correctional Programs. If you have medical needs that you believe are urgent, put in a Sick Call Request, or send a Request for an interview to the Medical Administrator.

[Signature] Warden 6-5-2006
Signature of ARO or Title Date
Warden's/Supervisor's Designee

RECEIVED
OFFICE OF THE
INVESTIGATOR

INMATE'S APPEAL

AUG 01 2006

HEALTH & CORRECTIONAL PROGS.
AR DEPT. OF CORRECTION

If you are not satisfied with this response, you may appeal this decision within five days by filling in the information requested below and mailing it to the appropriate Deputy/Assistant Director. Keep in mind that you are appealing the decision to the original complaint. Do not list additional issues which are not part of your complaint.

WHY DO YOU NOT AGREE WITH THE RESPONSE?

With merit. Because CMS, And Varner unit staff failed to go by AD-04-01 Rules & policies by forward the medical issue to the problem solver, The Sgt who investigated the issue went straight to the Dr. Ambed, not medical problem solver, so they can investigate, Also The reply of the response ~~was given~~ ^{never given} ~~to me~~ ^{I don't have a response}, also the ~~grievance~~ ^{Grievance # 15 VSM not VU #}

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OFFICE OF THE
INVESTIGATOR

Inmate Signature JUL 05 2006 ADC# _____ Date _____

HEALTH & CORRECTIONAL PROGS.
AR DEPT. OF CORRECTION

→ I was never in VSM or lock up, This error was on grievance staff of placing wrong # and therefore grievance with merit.

ACKNOWLEDGMENT OF GRIEVANCETO: Inmate Henderson, Tommy ADC# 93098 Unit Varner Supermax

FROM: Wendy Kelley, Deputy Director

RE: Receipt of Grievance VSM06-01079DATE: July 9, 2006RECEIVED
OFFICE OF THE
INVESTIGATORPlease be advised, the appeal of your grievance dated 5/1/06
was received in my office on this date 7/5/06

AUG 01 2006

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You will receive a response from this office by

OR☐ This grievance is being returned to you because the time allowed for appeal has expired☐ This grievance is being returned to you because you have not attached

- ☐ the informal resolution (Attachment 1)
- ☐ the original grievance form (Attachment 1a)
- ☐ the Warden's/Center Supervisor's Decision (Attachment 2)
- ☒ the Infirmary Response and/or the Mental Health Response
- ☐ a clear statement of appeal (Back of Attachment 2)

Return your grievance with the checked items if you wish to continue the appeal process.

*Infirmary has failed to return the Response
due to staff at ADC loses the original one or
the paper trail of the issue has been misplaced*

7-21-06 Lctt.

Returning the complaints.

ACKNOWLEDGMENT OF GRIEVANCE

TO: Inmate Henderson, Tommy ADC# 93098 Unit Varner Unit

FROM: Wendy Kelley, Deputy Director

RE: Receipt of Grievance VSM06-01079

DATE: August 2, 2006

Please be advised, the appeal of your grievance dated 5/1/06
was received in my office on this date 8/1/06

You will receive a response from this office by _____

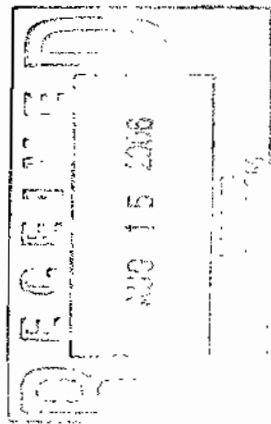
OR

☒ This grievance is being returned to you because the time allowed for appeal has expired

☐ This grievance is being returned to you because you have not attached

- ☐ the informal resolution (Attachment 1)
- ☐ the original grievance form (Attachment 1a)
- ☐ the Warden's/Center Supervisor's Decision (Attachment 2)
- ☐ the Infirmary Response and/or the Mental Health Response
- ☐ a clear statement of appeal (Back of Attachment 2)

Return your grievance with the checked items if you wish to continue the appeal process.



Exhibits #

✓
Tommy Henderson # 93098
Varner Unit



DUOG 00094
Exhibits # 17

✓
19

Exhibits #

Tommy Henderson # 93098
Diag. Unit

Evidence #

Evidence #

DV-06 00054
Exhibit # 14

Tommy Henderson # 93098
Diag Unit

DV 06-00064
Exhibit # 16

Tommy Henderson # 93098
Diag Unit



ADC
Arkansas Department of Correction
P. O. Box 8707
Pine Bluff, Arkansas 71611



ADC
Arkansas Department of Correction
P. O. Box 8707
Pine Bluff, Arkansas 71611

Evidence #

Evidence #

DV 06-00063
Exhibit # 17

Tommy Henderson #93098
Diary Unit

DV 06 00057
Exhibit #18

Tommy Henderson #93098
Diary Unit

Arkansas
Correction
P.O. Box 8707
Pine Bluff, Arkansas 71611


Arkansas Department of Correction
P. O. Box 8707
Pine Bluff, Arkansas 71611

Evidence #

Evidence #

DV 06 00062
FEB 15 04

Tommy Henderson # 93098
Pine Bluff

Warner

Tommy Henderson # 93098
~~Warner~~

ADC
Arkansas Department of Correction
P. O. Box 8707
Pine Bluff, Arkansas 71611

ADC
Arkansas Department of Correction
P. O. Box 8707
Pine Bluff, Arkansas 71611

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MAIL ROOM



Department of Correction
P.O. Box 8707
Little Rock, Arkansas 71611

Enrollment #

17

AUG 15 2006

Tommy Henderson # 93098
Vanner Unit

GRIEVANCE FORM - (Attachment 1A)

FOR OFFICE USE ONLY

UNIT/CENTER

Vuenee / DGV HospitalGrv. # VU-06-00341Date Received 6-1-06Grievance Code: 600

PLEASE PRINT

Name

Tommy Henderson

ADC#

93098

Brks

1W
3B

Job Assignment

UnassignedIS THIS GRIEVANCE A MEDICAL GRIEVANCE? Yes ☒ No ☐*****
All complaints/concerns should first be handled informally before proceeding to the formal grievance procedure.**THE ORIGINAL INFORMAL RESOLUTION FORM MUST BE ATTACHED****Informal Action Taken**Have you discussed this problem with your designated problem-solver? Yes ☒ No ☐ If yes, give date 4-15-06Why do you feel the informal resolution was unsuccessful? medical issue was to be address
and got forward the resolution to medical Dept. my yellow copy
is all I have of who signed my resolution, he failed to properly
filled out the section by staff only,*****
Please give a **BRIEF**, clear statement of your grievance. This statement must be specific as to the complaint, dates, places, personnel involved, how you were affected and what you want to resolve the issue. One issue or incident per grievance. Additional pages or forms will not be allowed and if attached, will result in the automatic rejection of this grievance without content review.On 4-15-06 my request to have an 2nd opinion from my
freeworld Dr. Alex Dellinger who previously was under his
care for my current medical problem of Diabetic Ulcer. I
was denied to see him (Dr. Dellinger) per Dr. Roland Anderson
and Dr. Ahmed due to CMS policies and ways to save
money. Basically a "yes" man to who ever is above him from
CMS administration and those who are in charge above him
still do not have original's of the resolutions receptor
issues, resolved not given or forward the response due to
my medical transfer to DGV from having surgery at
same outpatient servicesRECEIVED
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INVESTIGATORIS THIS AN EMERGENCY SITUATION? YES ☐ NO ☒ If yes, why? _____

AUG 01 2006

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be a situation that is not of a serious nature.) If you marked yes, you may give this completed form to your officer or department employee who shall sign the attached emergency receipt, give you the receipt and deliver it without undue delay to the Unit/Center Assistant Warden/Center Supervisor or, in their absence, to the Warden. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Tommy Henderson
INMATE SIGNATURE

JUL 05 2006

5-1-06 @ 8:15 pm

DATE

(TO BE FILLED OUT BY THE RECEIVING OFFICER)

RECEIPT FOR EMERGENCY SITUATIONS

OFFICER (Please Print) _____

Signature _____

FROM WHICH INMATE? _____

ADC# _____

DATE: _____

TIME: _____

RECEIVED
5/2/06
sent to KK

INFORMAL RESOLUTION FORM (Attachment 1)UNIT/CENTER VORNER

PLEASE PRINT

Name Tommy HendersonADC# 93090 Brks 15 Job Assignment DetechIS THIS AN EMERGENCY SITUATION? YES ☐ NO ☒ If yes, why?

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Give a **BRIEF** statement of your complaint/concern. This statement must be specific as to the complaint, dates, places, personnel involved and how you were affected. One issue or incident per complaint form. Additional pages or forms will not be allowed.

On 4-15-06, Dr. Ambed was given a request by ~~me~~ myself Tommy Henderson to have a 2nd opinion to my free world. Dr. Alex Dellinger of LR, AR. Expert opinion is requested to have Dr. Dellinger record his report to my medical history of what damage, affected issues that have resulted in Bone Damage to the Big Left Toe from previous history of medical negligence, Delay of treatment, unreasonable care failing himself to give my orders to have antibiotics, or other necessary medical meds to stop or slow the infection in my left foot area, possibly moving up my left leg. Amputation is Dr. Little's opinion for A.S.A.P. I would like 2nd opinion A.S.A.P.

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OFFICE OF THE
INVESTIGATORInmate Signature Tommy Henderson

AUG 01 2006

4-15-06

Date

THIS SECTION TO BE FILLED OUT BY STAFF ONLY.**STAFF RECEIPT AND ACTION TAKEN**

PRINT STAFF NAME (PROBLEM SOLVER)

Staff Code

Staff Signature / Date Received

Was this deemed an emergency? Yes ☐ No ☒Was there a need to contact medical? Yes ☐ No ☒

If yes, give name of person contacted?

Describe action taken to resolve complaint, including dates.

The response due to staff of ADC has lost or misplaced and the paper trail is so far that the whole

Was issue resolved? Yes ☐ No ☒Does inmate agree that issue was resolved? Yes ☐ No ☒RECEIVED
OFFICE OF THE
INVESTIGATOR

Staff Signature/Date

JUL 05 2006

Inmate Signature/Date

DISTRIBUTION: YELLOW - Inmate Receipt

(AFTER COMPLETION)

PINK - Problem Solver Copy

HEALTH & CORRECTIONAL PROGS.

BLUE - Grievance Officer

ORIGINAL - Given back to the Inmate After Completion

810-00

CMS GRIEVANCE RESPONSE

Page 1 of 1

CMS GRIEVANCE RESPONSE

GRIEVANCE#: VU-06-00341

INMATE: <u>Henderson, Tommy</u>	ADC#: <u>093098</u>	DOB: <u>08/05/1962</u>
Facility: <u>Varner Unit [F01]</u>		Barracks: <u>BK15</u>
Grv. Date: <u>06/01/2006</u>	Date Infirmary Recd: <u>06/15/2006</u>	Response Date: <u>06/22/2006</u>

Interview: Required ☒ Deferred ☐

Inmate's Complaints: (Code:)

Denial of Treatment (601) Dr. Ahmed has delayed medical treatment on left big toe, and requesting 2nd from his free world doctor.

Responses:

According to ADC policy AR-1835 AD-9708 you have 15 days from the incident to grieve an issue. You are stating that there was medical negligence on Dr. Ahmed part, from the time of 10/17/05 to 4/16/06. In reviewing your medical record, it indicates that you are a diabetic and have been treated for complaints of Diabetic ulcer on left great toe. You have been seen on numerous time by different physicians, from the time of your incarceration of Oct 05 up until April of 06. You were seen by Dr. Scott on 3/21/06 at DGU for second opinion of the left great toe. His recommendations were a Bone Scan and Orthopedic clinic. You were scheduled on 3/31/06 for Bone Scan of the left great toe. You were seen on Ortho Clinic 4/05/06 by Dr. Lytle for left great toe. His recommendation was surgery, to amputate the left great toe. You were seen by Dr. Ahmed on 4/17/06 for follow up care of left great toe ulcer. You stated that you didn't want the surgery, and that you wanted a early release to be treated in the free world. It was explained to you that you needed to go to DGU for further management of condition since you didn't want surgery as recommended by Dr. Lytle. You refused to go to DGU and left the Infirmary, with refusing to sign MSF 206. On 4/19/06 you agreed to have the surgery. You were NPO on 4/19/06 for surgery of the left great toe on 4/20/06. You were currently being housed at DGU Hospital for further treatment. You are currently being given adequate Post OP Care of the amputated great toe, and mobile by wheelchair until further orders received. If you have any further issues or concerns please feel free to contact me.

Recommendations:

Review ADC policy AR-1835 AD-9708

James M. Edwards / Sashcraft, HSA *6/22/06*

Responding Staff

Date

Follow Up Required?: Yes ☐ No ☒

July 7th eye clinic for retina

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